



The Children's Aid Society of Ottawa | La Société de l'aide à l'enfance d'Ottawa

## CONSENT TO DISCLOSE INFORMATION

I, \_\_\_\_\_ give consent  
to \_\_\_\_\_  
to disclose information regarding \_\_\_\_\_  
(Persons and any specific content)

contained in the file of \_\_\_\_\_  
(SELF/CHILD)

to \_\_\_\_\_

I consent \_\_\_\_\_ don't consent \_\_\_\_\_ to further disclosure by the person named in line five  
for the purpose of \_\_\_\_\_

This consent will be effective until \_\_\_\_\_, or when the file closes,  
whichever comes first.

*(Unless otherwise indicated, date should be  
24 months from when consent is received.)*

I have been informed and understand the nature of the consent, and the consequences  
of giving, withholding, or revoking the consent, and of alternatives to it.

I have had reasonable opportunity to obtain independent advice.

Date (dd-mm-yyyy): \_\_\_\_\_ Signature: \_\_\_\_\_

Date (dd-mm-yyyy): \_\_\_\_\_ Signature: \_\_\_\_\_