



HONG FOOK MENTAL HEALTH ASSOCIATION

Consent to the Disclosure, Transmittal or Examination of a Clinical Record

I, _____
(print full name of person)

of _____
(address)

hereby consent to the disclosure or transmittal to or the examination by:

(print name)

of the clinical record compiled in _____
(name of facility)

in respect of _____
(name of patient) (date of birth, where available)

(witness)

(signature)

(if other than the patient, state relationship to the patient)

Date _____
(day/month/year)

This consent will be valid for a 12-month period as of the date of signature, unless specified otherwise. The purpose of information release is to facilitate assessment, service provision, and intervention planning.