**Sharing Information with a Third Party**

**Consent Form**

**Therapist Details**

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C/o

Cambridge Centre for CBT; Stamford Consulting Rooms

**Client Name***: …….*.…………………………….I require your consent to release personal and sensitive information to the following party for the following purpose [---------------------------------------------------------]

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**GP:** I consent to any relevant information being forwarded to my GP.

GP Details (name and address)

Client Name

Signed

Date

--------------------------------------------------------------------------------------**Third Party Name:** I consent to any relevant information being forwarded to [third party name and address].

Client Name

Signed

Date