Volition Vocational Rehabilitation Services Inc.
Evan Johnson, Owner & Vocational Rehabilitation Professional
236-439-2042 | evan@volitionvocational.com | British Columbia

AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

Vocational Rehabilitation and Counselling Services

---

1. Client Information

Client Name:

Date of Birth:

Contact Information:

---

2. Authorization

I authorize:

☐ Release of information

☐ Receipt of information

☐ Both release and receipt

---

3. Information Covered

☐ Vocational assessments (transferable skills analysis) and reports

☐ Vocational plans and progress updates

☐ Counselling or rehabilitation intervention summaries

☐ Intake/background information

☐ Functional or employment-related information

☐ Medical/health provider treatment reports

☐ Other:

---

4. Purpose

☐ Vocational rehabilitation planning

☐ Return-to-work support (resume, job search, interview, accommodation)

☐ Insurance/funding requirements

☐ Case coordination

☐ Client-directed sharing

☐ Other:

---

5. Recipient(s)

Name/Organization:

Role:

Contact:

---

6. Method of Exchange

☐ Secure electronic transfer

☐ Email

☐ Fax

☐ Mail

☐ Verbal communication

---

7. Expiry

☐ 6 months from date

☐ Specific date:

☐ Upon completion of purpose

---

8. Revocation

I understand I may withdraw this authorization at any time in writing.

---

9. Consent

Client Name (print):

Client Signature:

Date: