



**CONSENT FOR RELEASE OF CLIENT INFORMATION
WITH CARE PROVIDERS**

I, _____, am hereby in agreement with ARBI
(Client/guardian name)
sharing client information with care providers for _____
(Client name)
related to the client's health and wellbeing.

Signature of Client/guardian

Date

Signature of witness

Date

This consent remains valid: from _____ to _____
Date Date
 until reassessment/team meeting.