



**Willow Winds**  
SUPPORT NETWORK

NWC Alberta FASD SVC NTWK SCTY

Site 1, Comp 8, RR001 | Canwood, SK | S0J 0K0  
780-305-8757 or 780-974-7112  
jennp@wwsn.ca

## Adult Assessment & Diagnostic Services Consent to Obtain/Release Information

I, \_\_\_\_\_, date of birth \_\_\_\_\_  
FULL LEGAL NAME OF ADULT CLIENT MM / DD / YYYY

hereby authorize the Willow Winds Support Network to OBTAIN/RELEASE confidential information verbally or in writing for the purpose of coordinating an assessment and diagnosis, developing continuum of care recommendations, and to make appropriate referrals.

This consent form is to be effective for the duration of the client's involvement with the assessment, diagnostic, and intervention services and may be withdrawn by the client at any time during this process.

Name and address of individual/agency(ies) from/for whom information is to be obtained/released:

Willow Winds Support Network  
Contact: Jennifer P  
jennp@wwsn.ca

\_\_\_\_\_  
SIGNATURE OF CLIENT

\_\_\_\_\_  
DATE (MM / DD / YYYY)

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE (MM / DD / YYYY)

\_\_\_\_\_  
PRINT NAME OF WITNESS