



**Chemin Buvelot 4, 1110 Morges
Route des Morillons 5, 1218 le Grand Saconnex
Route de Denges 28C, 1027 Lonay**

www.family-counselling.org

Consent to Release Information

I _____, client of Erik Mansager, Jane Pfefferlé
or Jinger Hayes (circle one or more names), hereby give my written consent for sharing the following
information:

with _____ for the purposes of treatment planning. I
understand that information shared with the party mentioned above will not be disseminated further without
my knowledge and expressed consent.

(Client Signature)

(Date)

Consent to Receive Information

I _____, client of Erik Mansager, Jane Pfefferlé
or Jinger Hayes (circle one or more names), hereby give my written consent for

_____ to share the following information:

with Erik Mansager, Jane Pfefferlé or Jinger Hayes (circle one or more names), for the purposes of
treatment planning. I understand that information shared by the party mentioned above will not be
disseminated further without my knowledge and expressed consent.

(Client Signature)

(Date)