



**Toronto Psychological Services
& Research Centre**

AUTHORIZATION FOR EXCHANGE OF INFORMATION

Client's Identifying Information

Client's Full Name: _____

Date of Birth *Month dd yyyy*: _____

Lawyers or Other Legal Representatives

- TPSRC may request the Client's legal records, especially when the assessment was initiated based on ongoing legal proceedings or by a Court Order.
- TPSRC does not provide any information about the assessment or the assessment results, except when the assessment was directly initiated by the legal representative, or the Client specifically request that TPSRC consults with a legal representative upon completing the assessment. TPSRC charges separately for all Consultations.

Organization Name: _____

Full Legal Name *of Informant*: _____

Honorific Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ None ☐ Other *Specify* _____

Preferred Pronouns: ☐ She/Her ☐ He/Him. ☐ They/Them ☐ Other *Specify* _____

Relationship to Client: ☐ Lawyer ☐ Other *Specify* _____

Telephone Number and Ext.: _____

Email Address: _____

Fax Number: _____

Authorized Signatories

I, the undersigned client (or legal guardian if client is younger than 18 years), authorize Toronto Psychological Services & Research Centre to communicate with the named Informant to facilitate the current Psychological Assessment Process.

Signee's Information:

Full Name: _____

Client (18+) / Parent or Legal Guardian Signature _____

TPSRC Representative:

Dr. Ghia Townsend, Psy.D., C. Psych.

Member of the College of Psychologists and Behaviour Analysts of Ontario

Registration #6361
