

**CONSENT TO HAVE CONFIDENTIAL INFORMATION RELEASED
TO
CREATING SOLUTIONS INC.**

Creating Solutions Inc. adheres to a strict Confidentiality Policy. This adherence requires that we obtain signature for the release of any confidential information.

I, _____ hereby authorize and give permission to

_____ To disclose information regarding myself
(Name of Person or Agency releasing information)

or my family to _____
(Name of Creating Solutions Inc. Employee)

The purpose for obtaining this information is:

Any information released should be deemed in the best interest of the individual concerned and used to support services being provided by Creating Solutions Inc. Information received will be treated with the utmost of confidentiality, according to Agency policy and procedures and the Freedom of Information and Privacy Act.

This agreement is effective for up to a six (6) month time period from the date of the signature.

Client Signature

Witness Signature

Date of Signature