

# **BRENDA B. ISEN M.S.W., R.S.W.**

Individual, Couples and Family Therapist  
416-559-4356

Registration # 324141  
Ontario College of Social Workers  
And Social Service Workers

## **AUTHORIZATION**

To: \_\_\_\_\_  
(Name of facility or person to be interviewed)

I, \_\_\_\_\_ authorize \_\_\_\_\_,  
to discuss with, provide information and receive information, including records,  
assessments, documents and other material from the above agency or person,  
about me and/or my children. The information may be obtained by telephone  
interview, face to face interview, and/or by a review of their written reports, email  
or fax as may be requested. I understand that the information collected may be  
disclosed for the purposes of assessment and/or psychotherapy.

Name and date of birth of children (if applicable)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I understand that this authorization is valid for twelve months after the date  
signed unless personally revoked by myself, in writing, previous to expiration.

Dated at Toronto, Ontario, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Please sign name)

\_\_\_\_\_  
(Witness)