



Dr Valerie van Loggerenberg

Psychologist

PO Box 5121, SOUTH LAKE WA 6164

Suite 2, 22 Dorothy St, Gosnells WA 6110

Tel: 9490 1114

Mob: 0437 128 465

Client Consent Form

Name: _____

Date of birth: _____

I permit Dr Valerie van Loggerenberg to receive and release personal information relevant to my therapy to those nominated below:

Doctor: _____

Practice: _____

Insurance company: _____

Contractor: _____

Family member: _____

Other: _____

I am aware that the psychologist and their staff will be speaking with appropriate employees of these organizations and leaving messages. This consent covers the duty of care issues concerning confidentiality. I understand that I can withdraw this consent by informing the psychologist or their staff in writing at any time.

Signed: _____

Date: _____