



# Psychology on Hay *subiaco*

Jozay Longden *M.A. (Oxon), M.App.Psych(Clinical)*  
Clinical Psychologist Medicare Provider Number 4430592A

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## RELEASE OF INFORMATION

I, \_\_\_\_\_ hereby authorise Jozay Longden to obtain/release/exchange information on my behalf from:

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For the purpose (indicate the specific reason)

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I understand the authorisation shall remain valid from the date of my signature below. I have been informed that I may revoke this authorisation by written or oral communication to Jozay Longden. I certify that this form has been fully explained to me and I understand its contents.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date of Authorisation

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date