



**KIRSTEN HEYNISCH**

**Clinical Psychologist, CPsychol.  
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### **THIRD PARTY CONSENT**

**Kirsten Heynisch**  
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I require your consent to release personal and sensitive information to your GP should this need arise.

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I consent to any relevant information being discussed with or forwarded to my GP should this need arise.

GP Details (name, address, telephone number):

Client Name:

Signature:

Date: