



KIRSTEN HEYNISCH

**Clinical Psychologist, CPsychol.
Group Analytic Psychotherapist & Qualified Supervisor
Accredited Practitioner of Mentalization Based Therapy (MBT)**

THIRD PARTY CONSENT

Kirsten Heynisch
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I require your consent to release personal and sensitive information to your Health Insurance Company. As discussed, I will be submitting a psychological report to your Health Insurance with a view to determine eligibility for additional psychological therapy session.

I consent to any relevant information being discussed or forwarded to my Health Insurance Company.

Name:

Signature:

Date: