

**Dr. Joti Samra, R.Psych. | Clinical Psychologist**



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**CONSENT FOR DISCUSSION WITH COLLATERALS**

(REVISED AUGUST 19, 2011)

I, \_\_\_\_\_ hereby request and authorize Dr. Joti Samra, Registered Psychologist, to speak to and/or meet with the following collateral sources, for the purpose of obtaining confidential personal and/or professional information about me:

**Name:**

**Phone Number:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that the discussion(s)/meetings(s) with the individual(s) above are being done for the purpose of a psychological services being provided by Dr. Samra. The information that can be discussed with the individuals above can include personal, psychological, psychiatric, medical and/or education reports, records, and opinion(s), including information Dr. Samra has obtained from me during the course of her assessment and treatment. I understand that this consent is valid until the termination of this clinical service.

**Client Name:**

**Witness Name:**

\_\_\_\_\_

\_\_\_\_\_

**Client Signature:**

**Witness Signature:**

\_\_\_\_\_

\_\_\_\_\_

**Date:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

*Dr. Joti Samra, PhD, RPsych*  
**www.drjotisamra.com**