



**Conscious Living Wellness Services Inc.**  
Kyla Yaskowich, Ph.D. | Registered Psychologist  
e: dr.kyla@csliving.ca | c: 604.542.7130  
#901 - 601 West Broadway, Vancouver . BC. V5Z 4C2

**RELEASE OF CONFIDENTIAL INFORMATION FORM**

I \_\_\_\_\_ (please print your name)

**Consent to release the following information:**

- A copy of my complete psychological file and all its contents
- A verbal or written summary of the contents of my psychological file
- Other:

**From:** Dr. Kyla Yaskowich, PhD, RPsych

**To:**

**For the purpose of:**

- Referral to above-named professional and continuity of treatment
- Third Party Billing (as named above)
- To coordinate treatment with above-named professional
- Other:

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date