Healthy Company Authorisation to confirm attendance 2026

Discovery Health

I,

(Full name of employee)

Telephone

Email

hereby give consent to Healthy Company and the psychologist / social worker / registered counsellor/s providing services on behalf of Healthy Company, in respect of the psychotherapy / counselling that I am receiving, to:

(Tick the box that is applicable)

☐ **Disclose** information to:

(Manager who should receive the feedback report details: Name, surname, email address and telephone numbers of manager)

Name and surname	Email	Telephone

AND / OR

☐ **Receive** confirmation of attendance of psychotherapy / counselling sessions

This informal self-referral report serves solely to confirm attendance at sessions and does not include clinical details or therapeutic outcomes. For a comprehensive report, including clinical information, a formal referral process must be initiated. This document is confidential and intended exclusively for the designated recipient, who bears responsibility for its secure handling and appropriate use.

I understand that I may revoke this authorisation at any time.

Should I decide to revoke this authorisation, I understand that it is my responsibility to advise Healthy Company and the psychologist / social worker/ registered counsellor of my decision.

Signed by employee

Date D D M M Y Y Y Y

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