



Contact Tracing Consent

COVID-19 Extra Measures

Attending *in-person sessions* at Aspire Too Counselling & Professional Services REQUIRES that you sign a consent to release your NAME and DATE OF CONTACT to the Saskatchewan Health Authority **if Aspire Too is required to release this information for contact tracing purposes in the event of close contact with someone who tests positive for COVID-19.**

By signing below, you are indicating your express consent for Aspire Too to release your NAME and DATE OF CONTACT to the Saskatchewan Health Authority so that you can then be informed of potential exposure risk. No other information will be released.

Name

Date

Signature

- You can complete this form and return it prior to your appointment via email to reception@aspiretoo.ca, by printing it at home and bringing it to your appointment, or you can manually complete it when you attend our office for your appointment.
- If you complete this form digitally, typing your name on both lines indicates your express consent.