

Consent to share information form



Client name		DOB:	
		Medicare no:	

Consenting to share my information - what does this mean?

To provide the best possible care for you, your worker may need to contact other workers, agencies or people important to you such as a parent or support person. We can't do this without your permission.

If we are worried that your (or someone else's) wellbeing is at risk of serious harm, your worker may also be required to share your information with or without your permission, or if required by law.

Information that might be shared may include your personal information, your visits and your progress with your worker.

This form will serve as your permission to share and exchange your information with the specific workers, agencies or people important to your care that you have identified below.

Who may be contacted:

Organisation	Contact person/position	Contact details	Type of Information (including important considerations for information sharing)
Rydell High-School	School Counsellor	(08) 8212 3456	Non-attendance information at school and safety risks only.
Adelaide Medical	Any health professional	(08) 8212 3456	All relevant information, excluding information about non-attendance at school.

Consent to information sharing:

By signing this form, you acknowledge that you have read and understood the above information about information sharing and give permission to share information, which may be written or verbal, as specific above.

Indicate who is consenting:

Yes, client is consenting

Yes, parent/guardian is consenting (on behalf of child/adolescent client under 16)

_____	_____	_____
Client Name	Signature	Date
_____	_____	_____
Parent Guardian (if applicable)	Signature	Date