

Consent to Share Information



Client Name	DOB	
	Medicare No	

Consenting to share my information – what does this mean?

To provide the best possible care for you, sometimes a worker you see 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, the worker you see 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 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 specified above.

Indicate who is consenting:

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

_____ Signature _____ Date _____

_____ Signature _____ Date _____

Version 1.1

Consent obtained: Over the phone (verbal)

In person