**CLIENT CONSENT** Form

INFORMATION SHARING

I understand that other agencies may be suitable to support me to meet the needs I have identified. I understand that other agencies would also treat my information confidentially.

I AGREE TO THE FOLLOWING SHARING OF INFORMATION:

|  |  |
| --- | --- |
| Between: (agency currently completing form with client)  | And: |
| ABout: |
| Between: | And: |
| ABout: |
| Between: | And: |
| ABout: |

I understand that the worker/s might be able to provide better support if they talk to some other people. I would like the worker/s to talk to:

I do not want information shared with the following:

EFFECTIVE FROM: TO:

SIGNED (CLIENT):

DATE:

SIGNED (WORKER):

DATE: