

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: / / 20.....

SIGNED (WORKER): DATE: / / 20.....