|  |
| --- |
| Document PurposeThe purpose of this form is to seek your consent to share information about your participation in our services with others.Instructions for CompletionThis front page is to guide users in creating their document.Please **delete** this table once your document has been approved and finalised. To complete the document:* For each client, complete all the green highlighted sections in this document
* Update the document code and/or version number to suit your organisations naming convention
* Removed QCOSS branding and replaced it with your organisation’s branding
* Updated the header and footer of this document
* Removed this page/table from your final version
* Submit the document for approval with the Board of Directors.

 |

Consent to share information form

|  |  |
| --- | --- |
| **Name of Client** |  |
| **Date of Birth** |  |
| **Name of Legal Guardian (if applicable)** |  |
| **Legal Guardian’s relationshipwith Client (if applicable)** |  |
| **Client Contact Phone Number** |  |
| **Client Contact Email** |  |

To provide a holistic approach to our service delivery, (Organisation) may liaise and discuss progress or recommendations with other professionals involved in delivery of your service. Other professionals may also send information that could assist with (description of services provided).

However, we will not share your personal information with anyone unless you have given us your permission to do so; or the disclosure of your information is required or authorised by law.

You do not have to give your permission if you do not want us to share your information.

If you do give us permission and then decide that you do not want us to share your information anymore, you can withdraw your consent by contacting (Name), (Role) on (Phone) or (Email).

# Permission to share specific consent

*Please complete and sign this form to give us permission to share your information.*

By signing this form, you are giving (Organisation) consent to:

* Deliver (service description)
* Send and receive information and documentation about your progress
* Communicate and discuss your progress and our recommendations with other professionals outside of (Organisation).

By signing this form, you are giving (Organisation) permission to share information with the people or organisations listed below:

|  |  |  |
| --- | --- | --- |
| **Name** | **Position and organisation** | **Details of what we can share with them** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If there is any information that you would not like discussed, please outline below:

|  |  |  |
| --- | --- | --- |
| **Topic** | **Details** | **Is there a particular person or entity you do not want us to share it with?****Or do we not share this at all?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

#  Declaration

|  |  |
| --- | --- |
| **Client or Legal Guardian/s Signature** |  |
| **Name** |  |
| **Date (DD/MM/YYYY)** |  |

# (Organisation) Authorisation

|  |  |
| --- | --- |
| **Signature** |  |
| **Name and Job Title** |  |
| **Date (DD/MM/YYYY)** |  |

# Privacy information

Please Note: Any information collected on this form will be stored in a safe and secure space. Your privacy is respected, and the information is treated with the strictest of confidence. It will not be used or replicated for any purpose. If you have any further questions or concerns about this process, please contact (Name), (Role) on (Phone) or (Email).