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| Document PurposeAn Organisational Plan provides internal stakeholders with a thorough understanding of your organisation’s composition and future intentions. It provides a link between your Strategic and Operational Plans.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:* Update or delete 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.
 |

Withdrawal of consent to
share information form

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

The purpose of this form is to withdraw your consent to share information about your participation in our services with others.

If you have any questions or concerns regarding withdrawing your consent to share information, you can contact (Name), (Role) on (Phone) or (Email).

By signing this form, you understand:

* (Organisation) will no longer contact external parties regarding your participation in (Program Name)
* I will be responsible for updating (Organisation) on any changes to my circumstances that may affect my participation in (Program Name)
* (Organisation) will continue to provide services to you using information previously obtained under your original consent to share information with others. This information includes:

|  |  |
| --- | --- |
| **Topic** | **Details** |
|  |  |
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# Declaration

|  |  |
| --- | --- |
| **Client or Legal Guardians 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).