

# Permission to exchange information

## Client / Guardian Details

Name

Address

I Consent to Relationships Australia Queensland (RAQ) consulting with and exchanging information with the following **Service/Professional**. This includes permission to provide a statement of attendance.

If **children** are the subject of this consent, I am signing as:

- The parent the child/children live with
- The parent the child/children spend time with
- Guardian

## Children's Details

Child's Full Name

Date of Birth

1.

2.

3.

## Service / Professionals Details

Type

Internal Program/Professional

External Service/Professional

Service Name

Position / Title

Contact Phone Number

Contact Mobile Number

Contact Email Address

## Consent

I understand that:

- This consent form is effective from the date recorded below until such time as I withdraw it in writing or 3 months after my last contact with RAQ.
- RAQ may share my information (including personal and sensitive information) with the Service/Professional listed on this form.
- The exchange of information is for the purpose of co-ordinating services so that they best meet my needs.
- When RAQ shares my information with another service, or seeks information about me from another service, they may also share this signed document showing I give permission to exchange information.

Client/Guardian Signature

Date

Witness Full Name

Witness Signature

Date

Please note, if information is sought from more than one professional, you will need to complete a separate form.

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## Verbal Client Agreement and Consent

*Verbal client consent should only be used where it is not practicable to obtain written consent.*

Only Verbal Client Consent provided

I have discussed the required information on this form with the client or their authorised representative. I am satisfied that the client (or their representative) understands the information in this document and has provided their agreement and consent.

<b>Practitioner Name</b>		<b>Date</b>	
<b>Practitioner Signature</b>			