Permission to exchange information

Client / Guardian Details	
Name	
Address	

I Consent to Relationships Australia Queensland (RAQ) Limited 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**	

Permission to exchange information

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

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.			
Practitioner Name		**Date**	
Practitioner Signature			