



HALE COMMUNITY SUPPORT

Consent Form

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information including photographs so it will be easier for them to work together effectively to provide or coordinate these services or benefits. I also understand that this agreement will allow this organisation to support my son/daughter during short and long-term accommodation and any respite program related period.

I, _____, am signing this form for
(Full printed name of consenting person or persons)

(Full printed name of client)

(Client's Address)

(Client's Date of Birth)

(Please tick)

My relationship to the client is: Self Parent Guardian(s)

I want the following confidential information my daughter/son to be exchanged:

Yes No Assessment Information Yes No Intervention Information

Yes No Educational Records Yes No Financial Information

Yes No Drug or Alcohol related treatment Yes No Medical Records

Yes No General Health Information Yes No Criminal Justice Records

Yes No Psychological & Therapy Reports Yes No Employment Records

I want information to be shared: (Tick all that apply)

Written Information In Meeting or By Phone Email and Computerized Data

I understand that this information will assist Hale and other agencies in assessing my family's strengths and needs and provide services.

I understand that my consent will continue but I can withdraw this consent at any time by informing the referring agency. This will stop any agency from sharing information after they know my consent has been withdrawn.

Signature(s): _____ Date: _____
(Consenting Person or Persons)



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Section 2 Verbal Consent by Parent(s)/Carer(s) (for completion by [Hale Community Services] only if it is not possible to obtain Parent(s)/Carer(s) consent in writing)

I, _____ of Hale

Community Support on/...../..... obtained verbal consent of

_____ [print Parent(s)/Carer(s) name(s)] for

[insert name of Lead Agency] to:

- a. request and obtain his/her personal information and the personal of his/her child/children/family group member/s named in Section 1 of this form from the agencies named in Section 1 of this form; and / or to
- b. exchange the personal information of his/her child/children/family group member/s named in Section 1 of this form from the agencies named in Section 1 of this form; and

in order to assist [insert name of Lead Agency] in assessing the family's strengths and needs and provide services.

I have explained the contents of this form to

_____ [print Parent(s)/Carer(s)

name(s)], including the fact that this consent will continue to be in effect until

_____ [print Parent / Carer name(s)] formally

advises me or another worker from [insert name of Lead Agency] verbally or in

writing that consent is withdrawn. I am satisfied that they understand the form

and understand the verbal authorisation they have given me.

Signed: Hale Community Support _____

Position title:

Dated:/...../.....