

Consent to Release Information Form

To ensure the client is able to make an informed decision about consent to the disclosure of their information, the service provider/organisation should:

- Give client information about privacy policy (✓ tick when completed)
- Give client a copy of this form

Please refer to the Guidelines for help in completing this form.

1(a) Person with epilepsy:

NAME _____ DATE OF BIRTH _____ SEX M F

ADDRESS _____

PHONE _____

EMAIL _____

1(b) If person with epilepsy is under the age of 18 or has a guardian include details of the parent/guardian giving consent:

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____

EMAIL _____

2 Agency/Service Provider/Health Professional requesting consent:

NAME _____ POSITION _____

ORGANISATION _____

ADDRESS _____

PHONE _____ FAX _____

EMAIL _____

Continued.....

3 Record of Written Consent:

(a) I give my consent to _____ (Name of person requesting consent)

(b) From _____ (Organisation)

(c) To provide the following information (please specify eg. contact details, epilepsy management plan)

(d) To _____ (Name of third party)

(e) From _____ (Organisation)

(f) Name of person giving consent _____ Signature of person giving consent	DATE	
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(g) I also give consent to the Epilepsy Foundation to record personal information in the Client database Yes

Signature of person giving consent

4 Record of Verbal Consent (Agency/Service Provider/Health Professional seeking consent)

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

I have discussed the proposed referrals with the client.

I am satisfied that the client understands the proposed uses and disclosures, and has provided their informed consent to these.

SIGNED _____ DATE _____

NAME _____

ORGANISATION _____

ROLE _____

OFFICE USE ONLY:

For more information Epilepsy Foundation 587 Canterbury Rd Surrey Hills VIC 3127
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