

CF006 - Consent to Obtain or Release Information Form

This consent allows 360 Health + Community to exchange information with other personnel or health care agencies involved in your care. This will allow us to either obtain relevant records to help us provide thorough and complete care to you and/or allow us to share records with other providers in order to coordinate care. De-identified data may also be used for reporting and auditing purposes.

360 Health + Community may be required by law to disclose this information.

Client Details

Full Name:	Date of Birth:
Address:	Postcode

Details of Personnel or Other Agencies

Authorisation for 360 Health + Community to Disclose Protected Health Information

POTENTIAL FOR REDISCLOSURE: Once disclosed, the law does not always require the recipient of your information to maintain the confidentiality of your health care information.

REVOCAION: I understand that I may revoke this authorization by submitting the revocation request in writing to 360 Health + Community PO 354, Guildford, WA, 6935, at any time.

Any revocation will not be effective to the extent that action has already been taken based on the original authorization.

I understand that I have the following rights:

- a) To receive a copy of this signed authorization and
- b) To refuse to sign this authorization.

The information that can be disclosed/obtained from the above person/agency may include psychological and social work counselling/treatment, progress notes, verbal disclosure of information, evaluation reports, demographic information, medical results, and treatment and rehabilitation information.

By signing, I acknowledge that I have read and agree to all the conditions specified in this consent form. I acknowledge the permission I have given 360 Health + Community to release, obtain or exchange information with the above person and/or agency

Printed Name: _____

Signature (client or Guardian) _____ Date _____

Witness Name: _____ Signature: _____

Note: This authorisation is valid for 3 years from the date on which it is signed.

Official Document Control			
Version Number	Purpose/change	Approver	Date
1	Revision	Executive Manager	2/09/2019