



A. LETTER OF AGREEMENT TO OBTAIN/PROVIDE PERSONAL INFORMATION

I, _____, (parent/caregiver) hereby give permission for Turning Corners to obtain / provide personal information in relation to _____ (child) to the following agencies, organisations, or individuals:

- Police _____
- Department of Child Safety _____
- General Practitioner _____
- School _____
- Psychologist or Psychiatrist _____
- Bravehearts Therapeutic Services _____
- Other Services:
 - _____
 - _____
 - _____
 - _____

With this letter of agreement, I understand and consent to the transmission of otherwise confidential information between the above stated parties.

Signed

Date



B. PERSONAL INFORMATION TO BE SHARED

| Service Type E.g. education; counselling | Name of Agency E.g. Strawberry State High School; Blueberry; Counselling Service | Type of Information E.g. all relevant information exceptions as stated by client | Purpose/s E.g. referral; shared care/case planning; informing services participating in client's care |
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C. RECORD OF CONSENT

Written parent/carer consent

The clinician has discussed with me how and why certain information about my child may be shared with other service providers, as above. I understand this and I give my consent for the information to be shared.

Signed: _____ Date: _____

D. Checklist

- Discuss with the care giver about the proposed sharing of information with other services/agencies
- Explain that the client's information will only be shared with these services/agencies if the client has agreed and, when referring, advise that referral for service can still proceed if the client does not want information disclosed.
- Provide the client with a copy of this form once completed.