

 **Consent to Share Information**

I, Click or tap here to enter text. authorise RIAC and the following agency to release and exchange my information and or records.

I agree that my information can be shared:

Verbally [ ]

Electronically [ ]

Hard copy [ ]

With the following person or agency:

|  |  |
| --- | --- |
| **ORGANISATION/PERSON****(Only list one per sheet)** | **TYPE AND PURPOSE OF INFORMATION. (Include exceptions)** |
| Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Client Name:Click or tap here to enter text. | Sign/Verbal Consent given | Date:Click or tap to enter a date. |
| Staff Name:Click or tap here to enter text. | Sign: | Date:Click or tap to enter a date. |

If unable to sign, staff to complete the following: I, Click or tap here to enter text. have met/spoken with Click or tap here to enter text. on date Click or tap to enter a date. and believe that they understand, agree to, and wish to sign this consent form, but are unable to do so currently.