

Exchange of Information

Section One – Participant Details

Name:

DOB:

Section Two – Giving Consent

Do you consent to Positive Steps Services conversing with others about your needs; giving them information about you and Acquiring information about you from:

1. Other service providers
 - Yes**, I consent **or**
 - No**, I do not consent.
2. Your Plan Manager
 - Yes**, I consent **or**
 - No**, I do not consent.
3. Your medical practitioners and health professionals
 - Yes**, I consent **or**
 - No**, I do not consent.

Other Third Parties

If there are other people or organisations who have information about you that positive steps Services might need, or you would like us to share information with, please list them below, with an address and the details of a person to contact.

Name of Organisation	Types of Information to be shared <i>(list any exceptions made by participant)</i>	Details

Section Three – Record of Consent

- Written consent:** Positive Steps Counselling has discussed with me how and why certain information about me may be shared with other services. I understand this and give my consent to share my information. I understand I can withdraw my consent at any stage by contacting Positive Steps Counselling;

Signed:

Dated:

OR

- Verbal consent:** I have discussed with the participant how and why certain information about them may be shared with other services. I am satisfied that this has been understood and that informed consent has been given. I have explained to the Participant they can withdraw their consent at any stage by contacting Positive Steps Services.

Name of person giving consent:

NAME HERE

Date:

Date HERE

Signature:

SIGN HERE

Section Four – Consent withdrawn

Only complete this section if consent has been withdrawn

Name of Organisation	Date Consent Withdrawn	Details