

# Consent to Obtain or Release Information Form

To ensure the client, can 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

## 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:

ORGANISATION      **Epilepsy Tasmania**  
ABN                    18 186 427 891  
ADDRESS            462 Wellington Street, Launceston, TAS 7250  
                          1-7 Liverpool Street, Hobart, TAS, 7000  
PHONE                1300 852 853

**3 I give my consent to the following people listed below to obtain/release information pertaining to me, from or to EPILEPSY TASMANIA (organisation)**

**Details of third-party releasing information to EPILEPSY TASMANIA**

Name (if indicated)	Organisation/ Third Party	Contact number	Contact email
	Name of School (if applicable)		
	General Practice		
	Neurologist/ Paediatrician		
	Support Provider		

<ul style="list-style-type: none"> <li>I also give consent to Epilepsy Tasmania to record personal information in the Client database <input type="checkbox"/></li> </ul>
<ul style="list-style-type: none"> <li>Name of person giving consent: _____ Signature: _____</li> <li>_____ Date: _____</li> </ul>

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

*Verbal consent should only be used where it is not practical 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, phone (03) 6333 4683 or website [www.epilepsytasmania.org.au](http://www.epilepsytasmania.org.au)