

Consent to Obtain/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

 $\sqrt{\text{tick}}$ when completed

 $\hfill\square$ Give client a copy of this form

1(a) Person with epilepsy						
NAME	DATE OF SEX BIRTH	□ M	ΠF			
ADDRESS						
PHONE						
EMAIL						

1(b) If person with epilepsy is <u>under the age of 18</u> 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	31 Thistle Street, South Launceston, TAS 7249 1-7 Liverpool Street, Hobart, TAS, 7000
PHONE	63 446 882/1300 852 853

PO Box 1834, Launceston TAS 7250 31 Thistle St, South Launceston TAS 7249 1-7 Liverpool St, Hobart TAS 7000 P: 6344 6881/1300 852 853 www.epilepsytasmania.org.au ABN: 18 182 427 891 3 I give my consent to the following people listed below to obtain/release information pertaining to me, from or to <u>EPILEPSY TASMANIA</u> (organisation)

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

Details of third-party releasing information to EPILEPSY TASMANIA

• Lalso give consent to Epilepsy Tasmania to record personal information in the Client database \Box

• Name of person giving consent:

Signature:

Date:

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 \square

TASMANIA'S VOICE FOR EPILEPSY

SIGNED	DATE
NAME	
ORGANISATION	
ROLE	
OFFICE USE ONLY:	

For more information contact: Phone (03) 6344 6881 or 1300 852 853 www.epilepsytasmania.org.au