



[www.Positivelyliving.com.au](http://www.Positivelyliving.com.au)

Email: [Positivelyliving.com.au@gmail.com](mailto:Positivelyliving.com.au@gmail.com)

Phone: 0411 255 404

### Information Sharing Consent Form

I \_\_\_\_\_ of \_\_\_\_\_  
hereby give my permission for Positively Living to share personal information with other service providers in connection with my or my child's care, including accessing and sharing medical, and if applicable, mental health and police records. I agree to a referral being made to local supportive services, in order to support my/their needs. I understand that Positively Living may hold information gathered about me from the various agencies and as such my rights under the Privacy Act will not be affected.

#### Statement of Consent:

- I understand that personal information is held about me/my child.
- **I agree that personal information about me may be shared and gathered from the following agencies:**
  - Other Health Services, including my GP practice.
  - Early Intervention Service including the police
  - Adult Services
  - Mental Health Services
  - Education Support Services
  - Social Care
  - Voluntary Sector Organisations

Name of Child (if applicable) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please List specific agencies here:			
Service	Address	Contact Person	Telephone
GP:			
SCHOOL:			
PSYCHIATRIST:			
PAEDIATRICIAN:			
OCCUPATIONAL THERAPIST:			
PHYSIOTHERAPIST:			
SPEECH PATHOLOGIST:			
PSYCHOLOGIST:			

Are there any agencies you do not want us to share or gather additional information with?  
Please list them here:

---



---



---



---

☐

I agree to my information being shared and gathered between services

**Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time.** Should you have any questions about this process, or wish to withdraw your consent please contact our office.

**Name** .....

**Address** .....

**Post code** ..... **Date of Birth** .....

**Signature** .....

**Relation to child (if applicable)** .....

**Date** .....