Consent to Share Information Form

This form is to be used when giving consent to contact specific organisations.

Legacy Brisbane may need to gain or release information with a specific agency or agencies for a specific purpose. In accordance with current legislation Legacy Brisbane is seeking permission to gain or release information to all or any of the following if required. This consent can also be completed by a parent, guardian or power of attorney.

Client Full Name: _____

Legal Guardian or Power of Attorney (if applicable):_____

Children's Name (if applicable)	DOB

Proposed information uses and disclosures:

Yes	No	Service Name	Type of information gained or disclosed	Purpose	Other Comments
☐	☐				
☐	☐				
☐	☐				
☐	☐				

Legacy Brisbane has discussed with me how and why certain information about me may be gained or released with other service providers. I understand this and I give my informed consent for the information to be shared as detailed above.

Client / Guardian / Power of Attorney name: Legacy Team Member:

Signature: Signature:

Date: Date: