

Client Consent To Release Information

Due to confidentiality and privacy laws, Outlook Psychology cannot release any information provided unless you give your written consent. You have the right to revoke consent at any time for the release of information to any third parties. Please refer to our 'Privacy Policy' for additional information.

If your services are being paid for by a third party (e.g: NDIS, Insurance Company) some information must be disclosed for treatment (e.g: Diagnosis, treatment plan, progress etc). Information provided will be limited to that which is legally required for your service to be funded by the appropriate party.

Power Of Attorney - Legal Guardian - Parents Of Children

If you hold a Power Of Attorney for a relative or someone else, if you are a parent or Legal Guardian, then you are able to access personal records by acting on behalf of that adult or under-age child.

Please fill out the application and be sure to sign your own name. Please attach a photocopy of one of either your drivers licence or State/Territory ID card or Passport as outlined in the Proof Of Identity section above. If you hold a Power Of Attorney for another person, please include a certified copy of the Power of Attorney document with this application.

This consent form relates to personal information about:

Name: _____ DOB: ____/____/____

Address: _____

Who **HAS** **DOES NOT HAVE** (Please circle) capacity to provide consent to release information.

I, (name) _____, hereby authorise the release

of personal information about (name) _____

for the purpose of _____

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I, (name) _____, fully understand this request/authorisation to release records and information, including the nature of the records, their contents, and the consequences and implications of their release. This request is entirely voluntary on my part. this consent will expire automatically after one year from the date on which it is signed or upon fulfillment of the purpose stated above.

Signature: _____ **Date:** _____