



CRISALIDA
 CHILD, ADOLESCENT & FAMILY THERAPY
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3A - INFORMED CONSENT FOR THE RELEASE OF INFORMATION FORM

At times during our work with individuals and families, it becomes helpful or necessary to share information with, and from, other practitioners. We will always discuss the reasons for this beforehand, and we also require your written consent.

Please read the following statements regarding information sharing, and sign to acknowledge you agree to one or more of these terms as applicable (Please tick).

- 1. I agree to releasing information regarding my history and treatment to third parties as below, for the purpose of improved service provision by those individuals.
- 2. I agree to the following third parties releasing information regarding my history and treatment to, for the purpose of improved service provision.
- 3. I agree to written and verbal communication of information between the following practitioners/therapists, for the purpose of improved service provision:

External Practitioners/Therapists:

Name:
 Position/Designation:

Name:
 Position/Designation:

Name:
 Position/Designation:

Crisalida Practitioners/Therapists:

Name:
 Position/Designation:

Name:
 Position/Designation:

Signed
 Name
 Date