

Authority to Release Information Form

To ensure the client is able to make an informed decision about consent to the disclosure of their information, the service provider/organisation should:

- Provide the client with information about privacy (tick when completed)
- Provide the client with a copy of this form

Personal details:

AGENCY/SERVICE PROVIDER/
HEALTH PROFESSIONAL SEEKING CONSENT

NAME _____ POSITION _____

ORGANISATION _____

ADDRESS _____

PHONE _____ FAX _____

EMAIL _____

Person with epilepsy:

NAME _____ DATE OF BIRTH _____

ADDRESS _____

SEX M F

PHONE _____

EMAIL _____

If person with epilepsy is a minor, or an adult with a legal guardian, details of the parent/guardian giving consent:

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____

EMAIL _____

Continued...

