

Sample Consent Form: Exchange of Personal Information

This consent form relates to personal information about:

(name) _____, (d.o.b) _____,
of (address) _____ who

HAS / **DOES NOT HAVE** *[tick applicable, delete inapplicable]*
capacity to provide consent for exchange of personal information.

I, (name) _____,

DO / **DO NOT GIVE CONSENT** *[tick applicable, delete inapplicable]* for

[insert organisation name] TO:

SEEK / **DISCLOSE** *[tick applicable, delete inapplicable]* the following information about

(name) _____,

(*details of information*) _____

TO / **FROM** *[tick applicable, delete inapplicable]* (specify – eg name of person,
organisation, general public, other):

FOR THE PURPOSE(S) OF (specify – eg *supporting and coordinating my recovery, peer support, mental health promotion, providing information about the organisation*):

AND I ALLOW THE USE OF A PHOTO / VIDEO / VOICE RECORDING *[delete all*

inapplicable] of (name) _____,

(*describe image / recording*) _____

for the above purpose.

THIS CONSENT IS VALID UNTIL (date) _____ (maximum 1-year from date of signing), unless I withdraw consent before that date.

Signed: _____ **Date:** _____

Witness Name and Signature _____ **Date:** _____

Position/Qualification: _____

DETAILS OF SUBSTITUTE DECISION-MAKER (if applicable)

(name) _____, (ph) _____,

(address) _____

Authority provided by _____
(provide evidence of decision-making authority)

(only to be used to indicate withdrawal of consent):

I, (name) _____, **WITHDRAW CONSENT** to the above.

Signed: _____ **Date:** _____

Witness Name and Signature _____ Date: _____

(only to be used if consent is with-held or withdrawn):

The decision to [tick applicable, delete inapplicable] WITHDRAW / WITH-HOLD consent has the following implication(s), which have been explained to the decision-maker.

Signed: _____ **Date:** _____

Position/Qualification: _____