



Consent for Exchange and Release of Personal information

This consent form relates to personal information about:

(NAME) \_\_\_\_\_, (DATE OF BIRTH) \_\_\_\_\_,

of (ADDRESS) \_\_\_\_\_ who

HAS / DOES NOT HAVE [circle applicable]

capacity to provide consent for release and exchange of personal information.

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I, \_\_\_\_\_ give consent for ABBA CARE to release and exchange information about myself to the following organisations, medical practitioners', government departments,

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

For the purpose (s) of supporting and coordinating my recovery, peer support, mental health promotion, and physical health.

I also allow/not allow (circle one) the use of a photo/video/voice recording for the above information.

This consent is valid from (DATE)\_\_\_\_\_ to (DATE)\_\_\_\_\_ unless I withdraw consent before that date. (Maximum of 1 year applies from signing)

NAME; \_\_\_\_\_

SIGNATURE; \_\_\_\_\_

DATE; \_\_\_\_\_