

Sharing Information With A Third Party Consent Form

Therapist Details

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[Client Name] - I require your consent to release personal and sensitive information to the following party for the following purpose [xxxx]

GP

I consent to any relevant information being forwarded to my GP.

GP Details (name and address)

Client Name

Signed

Date

Third Party Name

I consent to any relevant information being forwarded to [third party name and address].

Client Name

Signed

Date