

Consent to Obtain/Release Information Form

Sometimes it is necessary for the Epilepsy Foundation to speak with another person about your epilepsy, your support requirements or to arrange training and services. This is so we can ensure the best possible service to you. The Consent to Obtain/Release Information Form allows you to detail who you are happy for the Epilepsy Foundation to liaise with and what information we can share.

Person with epilepsy:

NAME _____ **DATE OF BIRTH** _____ **GENDER** M F

ADDRESS _____

PHONE _____

EMAIL _____

If person with epilepsy is under the age of 18 or has a guardian include details of the parent/guardian giving consent:

NAME _____ **RELATIONSHIP** _____

ADDRESS _____

PHONE _____

EMAIL _____

I give my consent for the Epilepsy Foundation to obtain/release information from/to the following:

Name	Organisation/Third Party	Contact Number	Type of Information to be released e.g. medical info, Epilepsy Management Plan

Is there any information that you do not wish for us to share?

Name of person giving consent:

SIGNED

DATE

This consent will remain valid for a period of 2 years except for when consent has been provided to obtain/release information with your child's school. In this instance consent will remain valid for as long as the child remains a student at the specified school. You are able to revoke any consent earlier by writing or contacting us directly.

I also give consent to the Epilepsy Foundation to record personal information in the client database

Record of Verbal Consent (Agency/Service Provider/Health Professional seeking consent)

Verbal consent should only be used where it is not practicable to obtain written consent

I have discussed the proposed obtain/release of information with the client

I am satisfied that the client understands the proposed uses and disclosures, and has provided their informed consent to these

SIGNED

DATE

NAME

ORGANISATION

ROLE

Collection Statement

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

Give client information about privacy policy

Inform client of Epilepsy Foundation collection statement

Give client a copy of this form

Collection Statement:

To assist us in communicating with you, providing our services to you and otherwise conducting our organisation's functions and activities, we need to collect personal information about you. By providing your personal information, you agree that it will be used and disclosed by the Epilepsy Foundation in accordance with this statement and our Privacy Policy, available at <http://epilepsyfoundation.org.au/privacy/>.

For more information contact: Epilepsy Foundation 587 Canterbury Rd Surrey Hills VIC 3127
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