



Form 1A(2): Authority to Release and Exchange Information

I (Client/Parent/Guardian) Click or tap here to enter text.

Of (address) Click or tap here to enter text.

Authorise the release and exchange of information regarding myself or children listed below

Name Click or tap here to enter text.

Date of Birth Click or tap here to enter text.

I authorise Pathways Victoria to receive and record, or release and exchange personal and health information relating to this referral with the following service provider

Name Click or tap here to enter text.

Organisation/Role/Other Click or tap here to enter text.

Contact Details Click or tap here to enter text.

Organisation/Role/Other Click or tap here to enter text.

Contact Details Click or tap here to enter text.

CLIENT SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

DATE SIGNED _____

Verbal Consent (complete where relevant)

In the event where signed consent is not available, verbal consent and the date this is provided must be recorded below:

Verbal Consent provided by (client/parent/guardian)	Verbal consent provided to (counsellor/advocate/third party)	Organisation/role/relationship to client	Date of Verbal Consent	Signature