



### Consent to release or obtain information

Client full name: .....

Guardian full name (if applicable): .....

Client date of birth: ..... Gender: .....

Contact number/s: .....

Residential address: .....

I, (client or guardian full name) ....., provide consent for ..... to:

obtain information from:

**AND/OR**

release information to:

Name: ..... Organisation: .....

Name: ..... Organisation: .....

Name: ..... Organisation: .....

*I have been informed and understand how this information will be used, and that this information will not be passed on to other third parties except as outlined in the Centre For Integrative Consent form.*

Client/Guardian signature: ..... Date: .....

Once completed, please either email this consent form to [info@cfih.com.au](mailto:info@cfih.com.au) or fax to (07) 3172 5851. If you have any questions or queries pertaining to this document, please call (07) 3161 0845. Thank you.