



## Consent to share aspects of my story for research and training

I, **(full name of client and/or guardian)** .....  
hereby give my consent for Centre For Integrative Health to share aspects of my  
personal story for the purposes of training and education.

I understand that Centre For Integrative Health will remove any identifying  
information.

I understand that the purpose of sharing aspects of my treatment with Centre For  
Integrative Health is to enable the ongoing advancement of and improvement in  
research and training in the fields of psychology, medicine, dietetics, and physical  
health. This information may help to better inform and educate health  
professionals, clients, and society; potentially improving the mental- and physical-  
health of individuals and the wider community.

I understand that I may revoke this consent at any time without penalty or having  
to provide an explanation.

**Signed (client and/or guardian):** ..... **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.*