

BIAN - Withdrawal of Consent Form

Withdrawal of Consent Form

This form should be recorded on your file and attached to the original Interagency Consent for Release of Information Form.

I wish to withdraw consent for my information to be shared between:

and to disengage from collaborative working with these agencies:

Date consent withdrawn: / /

Service user Signature: _____ Date / /

Staff Signature: _____ Date / /