

Release of Information

Date:

I _____ authorise _____ of _____

to discuss issues relevant to my progression with the named person/ agency below

Support area	Agency and Named Person
Treatment	
Education	
Progression	

I also provide permission for the agency in question to provide record to _____

For the purposes below:

I understand that this information is treated with the strictest confidentiality and in accordance with data protection act.

This release of information form lasts for six months from the date below and must be reviewed every six months.

Clients Signature: _____

Authorised Person: _____

Date: _____

Review date: _____