

## Information Sharing Consent Form

I \_\_\_\_\_ hereby give my permission for \_\_\_\_\_ to share and/or use my personal information with \_\_\_\_\_ in connection with my treatment, including accessing, using, and/or sharing my mental health records.

I understand that \_\_\_\_\_ may hold information gathered about me or provided by me and as such my rights under the Data Protection Act *{change if needed}* will not be affected.

### Statement of Consent:

- I understand that personal information is held about me.
- I have had the opportunity to discuss the implications of sharing or not sharing information about me.
- **I agree that personal information about me may be shared, used, and gathered from the following:**
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

Is there anyone/any organization you do not want us to share or gather additional information with/from? Please list them here:

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I agree to my information being shared, used, and gathered.

**Your consent to share personal information is entirely voluntary and you may withdraw your consent at *any* time.** If you have any questions, or wish to withdraw your consent please contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Therapist signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_