

**THE FAMILY INCLUSION NETWORK OF
WESTERN AUSTRALIA INC.**



RELEASE OF INFORMATION FORM

The Family Inclusion Network of WA Inc. treats information it receives in relation to family members as strictly confidential. Complete this form and submit to your support worker.

PERSONAL INFORMATION	
Name:	Date of Birth:
Street Address:	Telephone:
Suburb or Town:	Mobile:
State:	Email:
Post Code:	

AUTHORITY TO ACT ON MY BEHALF	
I authorise staff from The Family Inclusion Network of WA Inc to contact the following services on my behalf to obtain information requested. <i>(Please insert names where possible).</i>	
<input type="checkbox"/> DCP	
<input type="checkbox"/> Mental Health Services	
<input type="checkbox"/> Medical Services	
<input type="checkbox"/> Legal Representative	
<input type="checkbox"/> Other; name of organisation:	
Signature:	Date:
This authorisation will last (please tick one) from the below dates:	
<input type="checkbox"/> 6 Months	
<input type="checkbox"/> 12 Months	
<input type="checkbox"/> Until a Specific Date - write date	

PLEASE NOTE: The client can stop this authorisation at any time or can limit the types of information to be released. To do this, please telephone **08-9227 5818**.

A copy of this authorisation is to be kept by the client.

The Family Inclusion Network of Western Australia Inc.
44 Edward Street PERTH WA 6000
PO Box 8245 PERTH WA 6849