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. *(Please insert names where possible).*	
[ ] CPFS	
[ ] Mental Health Services	
[ ] Medical Services	
[ ] Legal Representative	
[ ] Other; name of organisation:	
Signature:	Date:
This authorisation will last (please tick one) from the below dates:	
[ ] 6 Months	
[ ] 12 Months	
[ ] Until a Specific Date - write date	

EMERGENCY CONTACTS	
Name:	Phone Number:

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 **08-9328 6434.**
A copy of this authorisation is to be kept by the client.

The Family Inclusion Network of Western Australia Inc.
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