

AUTHORITY TO OBTAIN/RELEASE INFORMATION BETWEEN EXTERNAL SERVICE PROVIDERS

I, *(name)*

Of *(address)*

hereby authorise Launchpad Youth Community to obtain and/or release information necessary for case management purposes to and/or from the following organisation(s):

- | | |
|---|--|
| <input type="checkbox"/> Treating health professional(s) | <input type="checkbox"/> Police |
| <input type="checkbox"/> Counsellor/Psychologist | <input type="checkbox"/> Department of Education |
| <input type="checkbox"/> Department of Communities and Justice | <input type="checkbox"/> Legal Aid |
| <input type="checkbox"/> Mental Health organisation | <input type="checkbox"/> TAFE |
| <input type="checkbox"/> Corrective Services | <input type="checkbox"/> Other NGO's/Agency providers |
| <input type="checkbox"/> Refuge | <input type="checkbox"/> Family/Friends |
| <input type="checkbox"/> Department of Human Services | <input type="checkbox"/> Other |
| <input type="checkbox"/> Housing provider(s) | |

This authority also permits discussion with the person(s) or representative(s) of the organisation mentioned above.

I understand that the information provided from external service providers will be for the purpose of obtaining case management assistance for myself and / or my children from the above agency and for no other purpose.

I understand that I can change or cancel this authority at any time.

Client's Signature _____

Date

Witness Signature _____

Date