CONSENT TO OBTAIN AND/OR RELEASE INFORMATION

Your information is confidential and will not be disclosed unless under circumstances explained previously. Sometimes, it is helpful for you, your Case Manager or another health professional within your State Association to share information with another person or organisation. Your informed consent is required for this to happen.

If you have any questions regarding this form, please discuss with your Case Manager or the CA Mental Health Lead prior to signing. You can withdraw your consent at any time.

I, _____ (name), hereby give my permission for

_____ (name of Case Manager and/or State Association health professional) of _____ (State/Territory Association) to contact:

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to discuss my treatment as needed or to discuss the issues specified below:

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The following specific matters are NOT to be revealed or discussed:

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Player Name: _____

Signature: _____

Date: ____ / ____ / ____

Witnessed by: _____

Date: ____ / ____ / ____