



Consent to Release Information

Due to confidentiality and privacy laws, Exclusive Wellbeing and all associated Consultants cannot release any information provided during assessment and treatment unless you give your written consent. You have the right to revoke consent at any time for the release of information to any third parties. Please refer to our 'Privacy Policy' for additional information. You have a right to request to revoke consent at any point in time. This may limit certain types of services from being provided (e.g. Medicare Rebated Services).

In order to provide the best treatment for you, it is advisable that you sign the following:

- 1) I, _____, hereby give consent for Exclusive Wellbeing and any associate consultants to take notes during appointments/sessions and keep these in a confidential file.

Signature: _____ Date: _____

- 2) I, _____, hereby give consent for Exclusive Wellbeing and any associate consultants to liaise with other health professionals (e.g. the referring GP) in order to provide the best service.

Signature: _____ Date: _____

- 3) I, _____, hereby give consent for Exclusive Wellbeing and any associate consultants to discuss aspects of my diagnosis and/or treatment in clinical supervision/consultation.

Signature: _____ Date: _____

Witness: _____ Date: _____

Please complete if there are third parties whom you explicitly do not wish to have access to any of my information (e.g. ex-partner, employer if not work-related)

I, _____, hereby request that Exclusive Wellbeing and any associate consultants is **not** to disclose confidential information to:

Signature: _____ Date: _____
[Consent Revoked On: _____]