

Client Consent Form

I understand that other agencies may be suitable to support me to meet the needs I have identified.

I understand that other agencies would also treat my information confidentially.

I _____

agree to sharing of information between **EveryMan** and:

Person/agency 1. _____

They can share about: _____

Person/agency 2. _____

They can share about: _____

Person/agency 3. _____

They can share about: _____

I understand that the worker/s might be able to provide better support by talking to other people.

I would like the worker/s to talk to: _____

I don't want information shared with: _____

I have been given brochures about EveryMan and the Working With the Man program yes no

This consent is effective from: _____ until _____
Date Date

Signed _____
Client Date

Signed _____
Worker Date