

Address: PO Box 228
Belgian Gardens LPO
Shop 12, 32 Eyre Street
North Ward 4810**Tel:** 07 5660 6740**Fax:** 07 4409 2392**Email:** admin@nqadhas.com.au**Website:** https://www.nqadhas.com/

Dear Parent,

As part of our assessment for your child we would require to obtain additional information and records from his/her health provider, allied health providers and other support organisations including NDIS. We would also give and request information from his/her school teacher, principal or guidance officer. Exchange of information would be undertaken either by phone, email or in writing.

We would appreciate if you could complete and sign the release of information form below.

Kind regards,
NQADHS team**Name of child:** _____ **Date of Birth:** _____**Name of Parent:** _____ **School:** _____**Proposed Use and Disclosure of my/ my child's personal information**

I understand that the following service(s) are recommended and relevant information about my child may be shared between NQADHS the following agencies, in order that I/my child receive(s) the best possible service.

Service Type	Agency	Name (s) of agency or providers	Type of Information	Initial
NQADHAS	Queensland Health		Health Information	
NQADHAS	School		Academic, Health Information	
NQADHS	Allied Health		Health Information	
NQADHAS	NDIS		NDIS plan	
NQADHAS	Other			

Record of Client Consent**Written Client Consent**

And/ Or

Young Person Consent (14 years and above)

NQADHS has discussed how and why certain information about my child may need to be shared between NQADHS and other service providers and agencies.

I understand the recommendations and I give my permission for the information to be shared as detailed above.

Signed : _____

Name: _____

Signed by: Parent OR Authorised Representative

Date: / / _____

Witnessed: _____

NQADHS has discussed how and why certain information about me may need to be shared between NQADHS and other service providers and agencies.

I understand the recommendations and I give my permission for the information to be shared as detailed above

Signed: _____

Name: _____

Date: / / _____

Witnessed: _____