**Complex Needs Assessment Panel Alcohol and Other Drug 25+**

**Consent and Authority Form**

The Complex Needs Assessment Panel Alcohol and Other Drug 25+ has been established to offer support to people over the age of 25 who are struggling with complex needs and have an issue with alcohol and/or other drugs. The panel is made up of representatives from a number of relevant Gold Coast agencies and therefore consent is needed for the exchange of information between these services and personnel.

The Panel representatives may also need to work with other agencies that you are accessing support from. By signing this form, you are giving your permission for the CNAP AOD25+ to contact the agency/individual specified below to gain and/or release information about your situation.

**CNAP AOD25+ Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (D.O.B: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)

hereby authorise the exchange of information within the services represented at the CNAP AOD25+

**Client**

Print and Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_ /\_\_\_ /\_\_\_

**Consent for CNAP AOD25+ to Gain or Release Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorise the CNAP AOD25+ to gain and/or release information about my case with;

Agency/ies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*OR (please complete only one option)*

Individual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(program/service)

Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the information gained/released may include my clinical diagnosis, my treatment history, current treatment or support plan, and any future changes in my condition or treatment

I understand that information about my case is confidential and protected by state and federal law. I understand that CNAP AOD25+ operates on the basis of limited confidentiality.

I can cancel this Authorisation to Gain and/or Release of Information at any time, but I understand that the cancellation will not affect any information that was already released before the cancellation.

**Client**

Print and Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_ /\_\_\_ /\_\_\_

**Worker – as witness**

Print and Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_ /\_\_\_ /\_\_\_