

# Sharing Information With A Third Party Consent Form

**Therapist Details:**

Name  
Contact Number  
Email  
Full Address

[Enter Client Name]: ....., I require your consent to release personal and sensitive information to the following party for the following purpose:

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**GP**

I consent to any relevant information being forwarded to my GP.

GP Details (name and address)

Client Name

Signed

Date

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**To A Third Party:**

I consent to any relevant information being forwarded to  
Name: and address].

Client Name

Signed

Date