PRIMARY CARE FAMILY AND SEXUAL VIOLENCE SUPPORT

Consent to Share Information

I understand that by signing this form, I am giving permission for information to be shared between my worker and a Primary Care Family and Sexual Violence (PCFSV) Support Specialist.

I have been informed that the PCFSV Support Specialist will not record any information that could identify me unless I have provided my written consent.

I, (your name) give consent for

(your worker's name) to share my information with a Primary Care Family and Sexual Violence Support Specialist.

Signed	
Dated	