

Request for Client Information Release Form



Please Note:

Engender Equality may be required to cite identification to confirm the identity of the person requesting client information.

Requests for information will undergo an approval process before being released to the person whose information is held or to any approved external parties.

Engender Equality works regularly with people who are experiencing family and domestic violence, including coercive control. If Engender Equality has concerns that the release of personal information may lead to any real or perceived risk of harm, additional information may be required, or extra processes undertaken before any personal information is released. Engender Equality may also not be permitted to release client information if there are legal limitations in place or proceedings underway.

Any release of information is subject to certain restrictions i.e. personal or sensitive information being redacted (removed) to protect the privacy of others.

If you need support to complete this form, please advise the person you are talking to at Engender Equality. This form is to be provided to the Practice Manager to undertake the approval process.

Section 2 is to be completed by the client requesting information held by Engender Equality

Name	
Other Names	
Date of Birth	
Mobile <i>(Can a voice message be left on this mobile?)</i>	
Email	

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Address	
Relationship to Engender Equality	
Reason for the request for Information	
What information is required?	
Who is the information going to be provided to and for what purpose?	

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Have you previously understood and signed a Client Details & Confidentiality and Therapeutic Counselling Agreement with Engender Equality?	
Are there any risk of harm issues or concerns regarding your safety in accessing information in your file?	
Client Signature	
Date	

Section 3 is to be completed by the person authorised to release the Client Information (for internal purposes only)

First Name only	
Role	
Email	
Signature	
Date	