DEPARTMENT FOR EDUCATION AND CHILD DEVELOPMENT
FAMILIES SA

Authority for the exchange of information

Psychological services

Name/s:	Date/s of birth:

hereby request and approve the exchange of information between Families SA and

Name of organisation/s:

In relation to

Client name/s:

The information is necessary for comprehensive psychological assessment and contribution to Families SA case management, and for no other purpose.

Client's Signature:	**Worker's Signature:**
Client's full name:	Workers full name:
Date:	Date:
Address:	Role :
	Location:

Expiry Date: ……/……/…………(NB: not to exceed six months)

Government of South Australia
Department for Education and Child Development