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| **PERMISSION TO RELEASE INFORMATION TO/FROM GSWA** |
| *Genetic Services of Western Australia provide public genetic diagnostic, counselling and consultative services at Perth Children’s Hospital, King Edward Memorial Hospital and designated outreach clinics.* |
| **CLIENT DETAILS** |
| **File Reference** (URN) – GSWA to note: |
| **Surname:** | **Given names:** |
| Date of birth: | Maiden name: |
| Date of death (if applicable): | Place of death (if applicable): |
| GP Name & Address: |
| **I AGREE TO MY MEDICAL INFORMATION BEING RELEASED:** |
| Information type: |
| To be released to/from (details of genetic service, doctor, hospital): |
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|  |
| **I DO NOT WISH THE FOLLOWING INFORMATION TO BE RELEASED:** |
| Information type: |
|  |
| Signature: | Date: |
| Signed by: 🞎 Self 🞎 Next of kin 🞎 Parent/Legal Guardian/Power of Attorney |
| Full name: |
| Address: |
| Telephone: (Home) Mobile: Work: |
| **🞎 I consent to be contacted by Genetic Services of Western Australia.** |
| Please return this form to: at the below address. |
| ***To be signed by the parent/legal guardian/power of attorney of the patient stated above:**** *If the person above is under 18 years of age.*
* *If the person above is not legally capable of giving informed consent.*
 | ***To be signed by the next of kin if the patient above is deceased:**** *‘Next of kin’ is a person’s spouse or partner (the most appropriate).*
* *If there is no living spouse or partner, the next most appropriate person is a parent or child.*
* *If there is no living parent or child, the next appropriate person is a brother or sister.*
* *If there is no living brother or sister, the next appropriate person is a grandparent or grandchild.*
* *If no living grandparent/grandchild, the next appropriate person is an aunt/uncle, nephew/niece.*
* *If none of these people are alive, the next most appropriate person is a cousin of the deceased person.*
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