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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): | | | |
|  | | | |
|  | | | |
| **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.* | | |