

**CONSENT TO DISCLOSE INFORMATION TO THE
FAMILY GROUP DECISION MAKING COORDINATOR**

I _____ of _____
(Name of Parent/Guardian or Child over 12 Years) (Address)

hereby consent to the disclosure of information to Family Group Decision Making of

records compiled in _____ pertaining to
(Name of Agency or Person)

_____ for the purpose of
(Name of Adult/Child(ren))

Family Group Decision Making.

I understand a brief description of the service I am receiving or have sought, as well as my strengths and any worries the service provider has about me or my situation will be provided to the coordinator so that it can be shared at the family meeting. The service provider will also identify if and what resources are still available to me.

This consent will remain in effect from _____ to _____.
(Date) (Date)

My signature means that:

1. I have read this consent or have had this consent read to me. I understand and agree to its contents.
2. I have been informed that I may cancel my consent by giving a written statement to the coordinator or my social worker at any time.

Signed _____ on _____.
(parent/guardian or child over 12) (date)