

# Practitioner Collaboration Data Sharing Consent

## Client Information

Full Name

Date of Birth

Email

## Practitioner Information

Primary Practitioner Name

Collaborating Practitioner Name

## Data to be Shared

Please specify the type of information to be shared

## Purpose of Sharing

State the purpose for which the information will be shared

☐ I consent to the sharing of my data between the practitioners listed above for the stated purpose.

Client Signature

---

Date

Practitioner Signature

---

Date

