Practitioner Collaboration Data Sharing Consent

Client Information

Full Name
Date of Birth
Email
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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.
Processors to the original grant and process the process and to the original purposes.
Client Signature
Date
Practitioner Signature
Date