Dear Parent/Carer/Child Safety Officer

**Consent for case conferencing**

Our priority is to provide the best possible care for our patients. To do so, multidisciplinary members of the care team need to share information in a timely and confidential manner. We also meet from time to time to discuss the care needs of patients in case conferences. This is essential to ensure everyone is working together to achieve the best outcomes for patients.

We aim to involve patients and their carers in all discussions whenever possible. However, if you are unable to attend a case conference, we would like your consent for this high level of collaborative practise and communication to occur.

As per standard practise, the personal health information of patients remains completely confidential. Relevant information is only disclosed to those invited to participate in the case conference.

After each case conference, you will be provided with a letter notifying you that the case conference has occurred. We encourage you to make an appointment to discuss the case conference with your GP. You may also request information about the content and outcomes of the case conference at any time.

I …………………………………………………………………………………………………………. consent for the relevant members of the multidisciplinary care team, as indicated by the general practitioner, to meet in my absence to discuss the health care needs of my child. I understand that my consent may be withdrawn at any time.

Signature:

Date Signed:

Witness: