

**INFORMED CONSENT TO RELEASE AND USE OF INFORMATION:  
COURT LIAISON SERVICES**

I, (*print name*).....

Consent to medical and psychiatric information relating to me being released to the Top End Mental Health Services, Forensic Mental Health Team.

I understand that information provided by other services, or the information provided by me, may by:

- Disclosed to other services which may provide me with treatment, care or assistance;
- Used or disclosed in Court proceedings relating to me;
- Used to prepare a Report for the Court hearing the charges against me.

I consent to the information being used in this way.

I understand that if a written Report is prepared based on this information, that a copy may be given to the Court and that the Report will be the property of the Court. It has been explained to me that if a Report is written, the Court will decide whether I am allowed to have a copy of the Report.

NAME .....  
Please print

SIGNATURE.....

WITNESS.....

DATE .....