



Mental Health Resource Centre
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SERVICE USER CONSENT FORM

I the undersigned, authorise persons working for the Mental Health Advocacy Project, to pursue enquiries on my behalf and to receive information in respect of any enquiry/dispute or complaint I wish to pursue.

NAME: _____

ADDRESS : _____

SIGNATURE: _____

DATE: _____

THE MENTAL HEALTH ADVOCACY PROJECT OPERATES A POLICY OF ALLOWING SERVICE USERS ACCESS TO ALL INFORMATION HELD ABOUT THEM.