



# Acquired Brain Injury Ireland

*Maximising Ability, Changing Lives*

## Release of Information – Form 1

**CONFIDENTIAL**

I \_\_\_\_\_ give consent for Acquired Brain Injury Ireland to release reports and information on my rehabilitation and progress to my G.P. and other clinicians involved in my care.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_