



## Consent to Exchange Information Between a Social Housing Provider and Support Workers

This form is to be completed by social housing clients:

- To authorise support agencies (and their authorised representatives) to give or receive information about the client from or to a social housing provider and to exchange personal information between authorised parties.
- To allow social housing providers to collect and use the client's personal information from the nominated support agency.

For information or assistance with this form, phone **1300 Housing** 24 hours a day, seven days a week. Please mark relevant boxes with a  If you need more room to answer any question, please include details on a separate page and attach it to this form.

When you sign this form you are authorising one or more support agencies (and their authorised representatives) to give or receive information about you and for information to be exchanged between a social housing provider and the agency. This information will be collected and recorded against your social housing provider records.

Only information needed to make the best decisions to assist you in obtaining or maintaining accommodation, including referral, assessment and coordination of services will be shared. For example, if you have an illness which makes it difficult for you to get out-and-about, then this vital information will be exchanged so you can either receive or continue to receive the right type of support.

Support agencies may also ask you to sign this form when they are going to request information from the social housing provider about you.

### What if there's some information that I don't wish to share?

If you feel that some of your information is sensitive or could impact on your safety, please let the person providing you with this form know so they can take the appropriate action.

### What if I don't sign this consent form?

If you don't sign this form, you will still receive the services you currently get. However, by not giving your consent, other agencies and a social housing provider might not be able to get a full understanding of your needs and circumstances.

### What if I change my mind about giving consent?

You can withdraw your consent at any time by writing to the social housing provider or other relevant organisation or by telling the worker you have been involved with from the relevant housing or support agency that you no longer want information exchanged about you. Your consent will be automatically withdrawn if you no longer require social housing.

### General information about privacy

Social housing providers collect personal information about you in order to make sure you receive the assistance you may be entitled to. You have a right to have that personal information kept private. All social housing providers are bound by privacy and confidentiality laws that limit who can look at information about you and when it can be given out.

### Your right to privacy

Under the *Privacy and Personal Information Protection Act 1998*, the *Health Records and Information Privacy Act 2002*, and the *Housing Act 2001*, your personal information (including health information) must be stored securely. You must be told why the information is being collected, how it will be used and whether it will be given to or exchanged with

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Please ask for help if you need it to fill in this form

Do you require an interpreter?

Yes

No

What language?

For privacy reasons, most agencies are limited in the amount of personal information they are allowed to share about you. This can limit their workers' ability to provide you with the best possible service.

By filling out and signing this form you are agreeing to personal information about you being shared among workers from the agencies or people that you have listed. This is so that they can assist you to get or keep your accommodation and support.

If you do not sign this form or do not want to consent to service providers sharing information about you, you can still get services if you are eligible and services are available.

## Optional

If you want to limit the types of information that can be exchanged, please list the types of information you want shared:

## Your details

Title  
Mr, Mrs, Ms, Miss

Last name or family name

Given name (s)

Unit/House number

Street/Avenue

Town or Suburb

Postcode

Date of Birth

Phone

Mobile

Email

Please list any dependent children (under 18)

  
  
  

Do you have a legally appointed public or private/enduring guardian or have the NSW Trustee and Guardian managing your finances?

Yes

Please provide name below

No

Name of person/agency

Contact details

Phone

Mobile

Email

## Services currently received or requested from Government or non-Government agencies

Agency name	Which agencies do you consent to share information?  Please place a cross in the appropriate boxes	Location/contact person	Phone or Fax number
Housing NSW	<input type="checkbox"/>		
Department of Human Services - Community Services	<input type="checkbox"/>		
Department of Human Services - Ageing, Disability & Home Care	<input type="checkbox"/>		
Corrective Services NSW	<input type="checkbox"/>		
NSW Health	Community Health	<input type="checkbox"/>	
	Mental Health	<input type="checkbox"/>	
	Hospital	<input type="checkbox"/>	
	Other (Please specify)	<input type="checkbox"/>	
Department of Education & Training	<input type="checkbox"/>		
Department of Human Services - Juvenile Justice	<input type="checkbox"/>		
Community housing provider	<input type="checkbox"/>		
Other Agencies (Please specify)			
	<input type="checkbox"/>		

Please complete a new form if you are adding or changing any agencies

### Officer taking receipt of this consent:

Name of person/officer	<input type="text"/>	Position Title	<input type="text"/>
Organisation	<input type="text"/>	Fax number	<input type="text"/>
Phone number	<input type="text"/>	Date consent completed	<input type="text" value="DD / MM / YYYY"/>
Signature	<input type="text" value="X"/>		

### Client consent

I  understand that:

- By signing this form I (or legally appointed guardian) **only** consent to the exchange of information between the agencies or advocates listed.
- My consent lasts for 2 years after the date that I sign this form or when I no longer need assistance from social housing, unless there is a current legal order in place.
- I know that I can change my mind and stop my consent at any time by writing or telling the social housing provider or my support providers, unless there is a current legal order in place.
- If I do not sign this form or do not want to consent to service providers sharing information about me, I understand that I can still get services if I am eligible and services are available.

**I understand all aspects of this consent form**

Signature	<input type="text" value="X"/>	Date	<input type="text" value="DD / MM / YYYY"/>
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If you are signing on behalf of another person as their legally appointed guardian such as the NSW Trustee and Guardian or private enduring guardian, write your name here.

Print name & sign	<input type="text"/>	<input type="text" value="X"/>
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**To be completed by the worker receiving/completing this form:**

**Verbal consent (if provided verbally)**

**Verbal consent was taken in the presence of:**

Full name of witness

Signature of witness

**Interpreter**

**Was an interpreter required?**

Yes

No

If yes, please request the authorised interpreter to sign, (or if telephone interpreter was used, please insert their name and agency and note in the signature block "phone")

I, was present and interpreted for consent with the client named in this form.

Name of authorised interpreter

Name of agency

Signature

Date

TIS Reference number

Job number

Workers should endeavour to ensure that the client has given informed consent

If the client's information is sensitive or could potentially impact on their personal safety, please ensure that any information collected is appropriately managed

Please fax/post this consent form to agencies listed on page one, as required

Place this consent on the inside cover of the client's file and register it on your agency's client information system