



## General Consent to Exchange Information & Authority to Act on Client's Behalf

This form is to be completed by social housing clients as follows:

- **Part A when you give consent for a social housing provider to exchange personal information with a nominated third party, and/or**
- **Part B when you authorise a person or organisation to act on your behalf.**

For information or assistance with this form, contact **1300 Housing** 24 hours a day, seven days a week.

Please mark relevant boxes with a  If you need more room to answer any questions, please include details on a separate page and attach it to this form.

### Client Consent to exchange personal information

- To authorise a nominated third party/agency to give or receive information about you to or from a social housing provider
- To allow a social housing provider to collect and use your personal information from a nominated third party/agency
- To allow a social housing provider to exchange information with a nominated third party/agency.

When you sign this form you are authorising a nominated third person/agency to give or receive information about you and for information to be exchanged between a social housing provider and the nominated person. This information will be collected and recorded in your social housing provider records. Only information needed to make the best decisions to assist you in obtaining or maintaining housing and/or support will be shared.

### Authority to Act on client's behalf

- To arrange for another person/agency to act on your behalf when dealing with a social housing provider.

A person/agency that is named by you to act on your behalf is authorised to deal with a social housing provider on all matters that assist you in obtaining or maintaining accommodation and support, including:

- Enquiring on your behalf
- Acting and making changes on your behalf that assist you in obtaining or maintaining accommodation and support
- Receiving copies of correspondence
- Attending social housing provider appointments with you or on your behalf

A nominated person/agency that is permitted to act on your behalf can be a partner, a friend, a family member, or a professional/agency. This list is not limited and you may change this arrangement at any time. Authorising a person/agency to act on your behalf does not take away your right to contact a social housing provider if you need to do so.

### 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* and 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 another party so that service/s can be provided to you. If you believe that your privacy has been infringed you can make a complaint to a social housing provider.

### Your consent is needed:

- before your personal information can be collected from someone other than you, or
- if the information is to be used, disclosed or exchanged with another social housing provider or other party, for a different purpose/service than the reason it was collected.

Your consent is not needed if required or authorised by law in limited instances including child protection, urgent health and lawful investigation situations.

# General Consent to Exchange Information and Authority to Act on Client's Behalf

Only one person and/or agency can be authorised to act on your behalf on this form.

If you require an interpreter please advise a social housing provider, or if you have a hearing or speech impairment please use the TTY service Freecall 1800 810 586. A TTY phone is required to use this service.

Client reference number

Application reference number

T-File number

## Personal details

Title	<input type="text"/>	
Mr, Mrs, Ms, Miss		
Last name or family name	<input type="text"/>	
Given name (s)	<input type="text"/>	
Date of Birth	<input type="text" value="DD / MM / YYYY"/>	
Unit/House number	<input type="text"/>	
Street/Avenue	<input type="text"/>	
Town/Suburb	<input type="text"/>	Postcode <input type="text"/>
Phone	<input type="text"/>	Mobile <input type="text"/>
Email	<input type="text"/>	

**Part A: Giving consent for the collection, use and exchange of information (Complete this section ONLY if you are giving consent to a social housing provider to collect, use and exchange information with another person or agency)**

## Details of the person/agency to be contacted

1. Name of person/agency	<input type="text"/>	
2. Type of information to be collected, used and exchanged?	<input type="text"/>	
3. Correspondence	Street No	<input type="text"/>
	Street/Avenue	<input type="text"/>
	Town/Suburb	<input type="text"/>
	Postcode	<input type="text"/>
	Phone	<input type="text"/>
	Fax	<input type="text"/>
	Email	<input type="text"/>

**Part B: Authorising a person/agency to act on your behalf (Complete this section ONLY if you are authorising someone to act on your behalf)**

4. Name of person/agency and their relationship to you (e.g. daughter, son, father, mother, doctor, service provider)?

Name	
Relationship	
Contact details	

5. For how long do you want this authority to last? (Select one only)

For 2 years

from  to

Until I advise a social housing provider to stop the authority

**Authorisation**

I authorise the persons/agencies named on this form to exchange information about me and/or to act on my behalf in matters concerning a social housing provider according to the arrangements shown on this form.

I know that I can change my mind and stop my consent at any time by writing or telling a social housing provider unless there is a current legal order in place.

Full name (please print)

Signature

Date

**Returning this form**

Check that you have answered all the questions you need to answer, and that you have signed and dated the form. Return this form and all additional documents to your local social housing provider.