



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 **1800 422 322**, 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

FACS Privacy Notice

This privacy notice applies to the Department of Family and Community Services (FACS) which includes the following entities: the Land and Housing Corporation and the Aboriginal Housing Office. FACS and its related entities comply with NSW privacy legislation when collecting and managing personal and health information. The information we collect from you or from an authorised third party will be held by FACS or the entity that collects it. It will be used to deliver services and to meet our legal responsibilities. We may also use your information within FACS as a whole to plan, coordinate and improve the way we provide services. FACS is also legally authorised to disclose information to outside bodies in certain circumstances.

Further information about your privacy rights can be found on the Department's website: www.facs.nsw.gov.au/site_information/privacy or by calling: 02 9377 6000.

Notice: Your personal information and any relevant health information provided on this form will be exchanged between social housing providers (public, community and Aboriginal housing) for the purpose of assessing your continuing eligibility for social housing and providing an appropriate service.

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

For each person and/or agency you would like to nominate to give consent to exchange information or give them authority to act on your behalf, please complete a separate 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 address	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"/>

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

For 2 years

from to

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)

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

Name	
Relationship	
Contact details (Address and Phone Number)	

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

For 2 years

from to

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

Third Party Authorisation

I give authority to be contacted by the Department of Family and Community Services (the Department) as the nominated third party, using the contact details provided in this form. I understand that my name and contact details will be used for the purpose of exchanging information about / acting on behalf of **Client Name** in relation to obtaining / maintaining accommodation and / or support. I will notify the Department of any change to my contact details.

I understand that this nomination can be revoked (in writing) at any time by myself, the client or by an entity with the legal authority to do so.

Full name (please print)

Signature

Date

Returning this form

Check that you have answered all the questions you need to answer, and that you and the nominated third party have signed and dated the form.

Return this form and all additional documents to your local social housing provider.