



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

This form is to give permission for support agencies to share information to help you as best possible. For information or assistance with this form, phone 1800 422 322, 24 hours a day, seven days a week.

Your details

Full name

Address

Date of Birth

Mobile

Landline

Email

Preferred method of contact

Mobile

Landline

Email

Services currently received or requested from support workers

Agency name	Which agencies do you consent to share information?	Location/contact person	Phone or Email
The Department of Family and Community Services	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Additional Information

Such as:
dependent children,
Legally appointed guardian,
A need for interpreter

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.

Authorisation

- I have read and understand the above notice.
- I give permission for medical details affecting my need for housing to be released to the above named social housing provider and, if necessary, for my doctor/health care professional to discuss these details on my behalf with the social housing provider.

I confirm that the following information has been explained to me:

- 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 can change my mind and stop my consent at any time, unless there is a current legal order in place.
- If I feel that some of my information is sensitive or could impact on my safety, I can let the person providing me with this form know.
- If I do not sign this form I will still receive the services I currently get. But, by not giving my consent, other agencies may not be able to get a full understanding of my needs and circumstances.
- I understand that this authority may also be revoked at any time, in writing, by the third party or by an entity with the legal authority to do so.

Client Verbal Consent to the exchange of information between the agencies or advocates listed on this form

Do you give your verbal consent?

Yes
give details

No → Please sign consent below

Verbal consent was taken in the presence of:

Full name of witness

Signature of witness

Client Written Consent to the exchange of information between the agencies or advocates listed on this form

Client name

Client signature

Date

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

Office Use Only

T File number

Client reference number

Application reference number

Officer taking receipt of this consent:

Name of person/officer

Position Title

Organisation

Phone number

Email