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| **Provider Declaration** | | | |
| ORGANISATION NAME will work closely with other agencies to coordinate the best support for you. We need your consent to share your information, except when:   * we are obliged by law to disclose your information regardless of consent or otherwise * it is unreasonable or impracticable to gain consent or consent has been refused; and * the disclosure is reasonably necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people. | | | |
| **Client Details** | | | |
| Client name |  | Date |  |
| **Client Declaration** | | | |
| I acknowledge that ORGANISATION NAME has advised me of the following:   * ORGANISATION NAME’s *Privacy and Confidentiality Policy and Procedure*; * my right to access my personal information; and * my right to withdraw my consent at any time. | | | |
| **Client Consent** | | | |
| I give consent for ORGANISATION NAME to:   * collect the information, including audio and visual records, needed to provide me services; * store information about me; * allow staff, who need my information to provide services to me, access to information about me; * share my information with the people and/or organisations listed below. | | | |
| **Parties Included in Information Sharing** | | | |
| Information may be shared with the following people or organisations: | | | |
| **Signature** | | | |
| Name of client or authorised representative |  | | |
| Signed |  | Date |  |

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| **Verbal Consent:** *Staff use only* | | | |
| Verbal consent should only be used where it is not practicable to obtain written consent.  I have discussed the proposed referrals with the client or authorized representative and I am satisfied that they understand the proposed uses and disclosures, and have provided their informed consent to these. | | | |
| Staff member’s name |  | Date |  |