



## Appendix 7: ASYASS Client consent form

Whilst receiving support from ASYASS there may be the need to request or provide information to or from another person who is involved with you in some way. Due to privacy laws in Australia, we are unable to request or provide information to others without your informed consent. This means that we need to inform you about what information we would like, how it will be used and who we would like to ask for it. We must also seek your consent before we can give information to other individuals who may ask.

There are some situations, however, where we must, usually by law, provide information to others when requested. This would include a request for information from the Police, Community Services or in an emergency medical situation. We must also by law provide information to Community Services if we feel that a child may be at significant risk of harm.

We will however aim to inform you first when we are planning to request or share information with/from another person and we will respect your right to privacy in all circumstances. You may also withdraw your consent at any point.

The kinds of information that we may ask for from another person may include, information that will help us to understand your situation better, information about the kind of support being provided by other professionals and to advocate on your behalf.

The kinds of information that we may need to give to others includes giving details about your stay to other professionals working with you or your family, talking to your child's school about progress and school issues, talking to other services about you when referring your family on to other services or providing information about the type of support that our service is providing for you.

As part of our funding agreement we must also collect information about you for the purposes of national data collection. This information will remain confidential and some non-identifying data will be sent to a data collection agency in Canberra. This will assist with making decisions about ongoing funding and research into homelessness and its causes. By signing this form you also consent to this data collection.

If you are unsure of any of the things in this document, please discuss it with your support worker.

Thank you,

(Name of Support Person) \_\_\_\_\_



## Permission to release and obtain client information

Your name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

I, \_\_\_\_\_

give permission for the staff of the following services, agencies or people to **release information** relevant to my case plan to the staff of ASYASS:

- 
- 
- 
- 

Other (provide details) \_\_\_\_\_

This information may be shared verbally or in writing, whichever is most appropriate in the situation.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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I, \_\_\_\_\_

give permission for the staff of ASYASS to **provide information** relevant to my case plan to the following services, agencies or people:

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- 
- 

Other (provide details) \_\_\_\_\_

This information may be shared verbally or in writing, whichever is most appropriate in the situation.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date