

Review Date:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_/\_\_\_/\_\_\_

Hereby give my consent for VincentCare programs and services to exchange personal information, where relevant to my Housing, Health and Support needs, to the external services detailed below.

**Note:** Personal Information is information which directly or indirectly identifies you as a person

I am also aware that this consent form remains valid until I withdraw my consent or have not been in active contact with VincentCare services, for a period of six months from the date this form was signed.

I understand my de-identified\* personal information will be accessed by the VincentCare Quality Team, Internal and External Auditors and relevant funding bodies with the view of improving future service delivery.

(Please x out which is not appropriate)

I **have** / **have not** been informed of my rights and responsibilities under the privacy laws and have been provided with the VincentCare Consent to Release Information Brochure and Client Complaints & Appeals Brochure. I understand that I can access the VincentCare Information Privacy Policy by asking any member of staff.

**Option 1.**

I consent to share information across all services as required 🞏

**Option 2.**

I ONLY give VincentCare my consent to contact agencies in the following areas of service provision.

🞏 Housing 🞏 Alcohol & other Drug Treatment

🞏 Legal 🞏 Centrelink

🞏 Medical 🞏 Employment / Education

🞏 Mental Health 🞏 Interpreter Required

🞏 Support Program 🞏 Family

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Option 3**.

I do not provide consent to share information at all: 🞏

We are committed to the principles of social justice and aim to ensure every individual is treated with dignity and respect regardless of their cultural background, disability, ethnicity, gender identity, sexual orientation or religion.



**Client Consent to Release Information Form**

CONSENT CONFIRMED

Client Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Signature:** ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent Confirmed by Email: (attached) Yes 🞏 No 🞏

CONSENT OBTAINED VERBALLY

Phone 🞏 Face to Face 🞏

Worker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worker Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSENT WITHDRAWN IN WRITING

I would like to withdraw consent for VincentCare programs and services to exchange my personal information with the following agencies

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worker Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent Withdrawn by Email: (attached) Yes 🞏 No 🞏

CONSENT WITHDRAWN VERBALLY

Phone 🞏 Face to Face 🞏

Worker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worker Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that in withdrawing my consent it may limit the services and support available to me from VincentCare Victoria.

Confidentiality: We will not use your information for any other purpose other than those detailed in this form, to provide services to you, or without your consent, unless the law requires us to do so. If we assess you to be at risk of harming yourself or others, or there is a medical emergency, we are obligated to notify relevant authorities to arrange for treatment and support.

\* ‘de-identified’ means that your name and personal information such as date of birth, phone number and specific address will not be shared. V20190401

**FOR DSS CLIENTS ONLY**

(Please cross out as appropriate)

I DO / DO NOT provide consent for VincentCare to collect and use personal information

I DO / DO NOT provide consent to be contacted in the future for survey research/evaluation

**Client Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Verbal Consent 🞏 Phone 🞏 Face to Face 🞏

Worker Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_