|  |  |
| --- | --- |
| **Resource Name** | Client Consent Form – Collection of Information |
| **Related Documents and/or Information** | * Your Organisation’s Privacy and Confidentiality Policy
* Commonwealth and State Government Privacy and Confidentiality Legislation
* [Australian Privacy Principles](https://www.oaic.gov.au/agencies-and-organisations/guides/app-quick-reference-tool)
 |
| **Version 2.0** | 24 May 2018 |

**About this document**

This document is part of a suite of resources developed by Matrix to assist organisations delivering Emergency Relief services in Australia. We gratefully acknowledge the generous assistance provided by the following organisations, who provided examples of their own documents to inform the development of this set of resources.

**Community Information and Support Victoria - CISVic**

**Lutheran Community Care SA/NT**

**Using this document**

This resource is intended to provide a starting point for the development of appropriate Emergency Relief service forms, policies, procedures, processes and other documents. It is provided as a ‘white label’ template, which means that it may be customised to suit the needs of your organisation. Text in *italics and highlighted in blue* indicates customisation is required. Matrix strongly recommends that the whole document is carefully reviewed to ensure that the details are compliant with your organisation’s funding agreements, contracts, service standards and policies. We have kept formatting to a minimum, as your organisation may require specific formatting to be applied to the final document.

Your organisation’s decision making or delegation policies and procedures should be followed to ensure appropriate approvals are obtained.

It is good practice to review and update any formal documents on a regular basis. We have included a ‘document review’ field in the footer of this document for this purpose.

Please contact Matrix on (freecall) 1800 628 749 or mobct.com.au if you have any questions or problems using this resource.

*Delete this cover page after reading*

# **Client Information Consent Form**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print client name)

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print client’s address)

consent to *insert your organisation’s name here*(the “**Agency**”) collecting and keeping personal information about me so I can be provided with appropriate assistance for my needs.

I confirm that I have been provided with a copy of the Agency’s Privacy Policy, and that I understand that in accordance with that Policy:

* I have the option of not identifying myself or using a pseudonym when dealing with the Agency in relation to a particular matter unless the Agency believes it is impracticable to do so in the circumstances.
* My personal information will be used and may be disclosed to other service providers to facilitate the provision of appropriate assistance, services and/or referrals to me.
* My personal information will not be disclosed to other organisations or individuals without my permission, unless:
	+ necessary to prevent a serious and imminent threat to my or another person’s life, health or safety;
	+ necessary for the Agency to carry out its activities (eg the IT service provider who manages the Agency’s data collection and storage process);
	+ it is required or permitted by law; and/or
	+ in accordance with the Agency’s Privacy Policy.
* The Agency will take reasonable steps to protect my personal information.
* I can ask to see my personal information and request that my information be corrected.
* I can make a complaint to the Agency if I believe that there has been a breach of the Australian Privacy Principles in relation to my personal information.

I also understand that:

* If I do not provide all the information requested by the Agency, the range of assistance that I may access through the Agency could be limited.
* This consent will remain current unless revoked by me in writing.
* My personal information will be provided as de-identified data to funding bodies as a condition of funding.

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