

NOTICE OF INFORMATION PROVISION

The information in this form must be given to clients when they present for services (can be provided verbally). This is a mandatory requirement. You must indicate that the client has been given this information in the H2H client and case management system.

I (*client name*)..... understand that:

- I have to give personal information to receive a service
- my personal information will be kept confidential, and will only be seen by people authorised to see it
- **my informed consent will be asked for before my personal information is shared with anyone else, and respected in all situations except if any of the below apply:**
 - **the agency is obliged by law to disclose my information regardless of consent or otherwise - eg an Act of Parliament, a Court Order**
 - **the agency is authorised under the State Government's Information Privacy Principles¹ or Information Sharing Guidelines²**
 - **it's unsafe or impossible to get my consent**
 - **it's anticipated that a child, young person or adult will be at risk of serious harm, abuse or neglect, or pose a risk to their own or public health or safety if the information isn't shared.**
- my personal information will only be used to:
 - assess the services I may need and develop a plan to provide them to me for the time that I need them
 - provide other Agencies I might present to with relevant information about me, to minimise the need to keep explaining my situation.
- information about me that doesn't personally identify me will be used to both:
 - better plan and coordinate the overall services in general
 - meet funding and reporting requirements.
- I can access my personal information by asking any Agency I am dealing with.

Date.....

Client Signature:.....

Tick if verbal approval was provided rather than written

¹ Available at <https://www.dpc.sa.gov.au/resources-and-publications/premier-and-cabinet-circulars/DPC-Circular-Information-Privacy-Principles-IPPS-Instruction.pdf>

² Available at https://www.dpc.sa.gov.au/_data/assets/pdf_file/0009/45396/Information-Sharing-Guidelines.pdf

CONSENT TO SHARE INFORMATION

This form must be completed if the client needs to be referred to another Agency (service or client referral). Workers can complete the form where the client provides verbal agreement. Please ensure the client has been provided the Notice of Information Provision before completing this form.

I (*client name*)..... consent to the exchange of information about myself (and any other persons I have signed for below) between (*name of current lead agency*) and the other agencies/people listed below, so that these other agencies can help meet my needs:

- 1)
- 2)
- 3)
- 4)
- 5)

Client Declaration

My worker has discussed with me how and why certain information about me may need to be provided to other agencies. I understand, and give my permission for the relevant information to be shared with the agencies/people listed above.

I understand that any consent I provide to exchange my personal information is valid for 6 months from the date of my signature.

Name:

Date..... Client Signature:.....

Tick if verbal approval was provided rather than written

Agency/Other Witness Name.....

Role of Agency/Other Witness.....

Date..... Witness Signature.....

Only also sign the following if there are any accompanying children under 16 years of age and/or other family or group members who lack the legal capacity to agree to the above.

I (*client name*):

know (*names of children under 16 and/or those who lack legal capacity to agree to the above*):

.....

in the capacity of (*how client knows these people e.g. parent, guardian*):

and I am authorised to consent to the collection/ disclosure of information on their behalf.

Parent/Guardian Signature:.....