Community Centres SA Consent to Share Information Form

Community Centres SA will comply with relevant privacy legislation and in the standards set for dealing with personal information outlined in our Policy, Practice Guidelines and Procedures.

Please discuss the following statement with clients before proceeding:

This organisation will work closely with other agencies to coordinate the best support for you and your family. Your informed consent for the sharing of information will be sought and respected in all situations unless:

- *we are obliged by law to disclose your information regardless of consent or otherwise*
- *it is unsafe or impossible to gain consent or consent has been refused, and,*
- *without information being shared, it is anticipated 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.*

Consent to Share Information Form

Primary Purpose Consent

The primary purpose(s) of this service has been explained to me and I consent to the sharing of my personnal information to assist in achieving the primary purpose(s). YES ☐ NO ☐

Proposed Use and Disclosure of my personal information

I understand that the following service(s) are recommended and relevant information about me may be forwarded to the agency(s) that provide these services, in order that I receive the best possible service.

Service Type	Name of Agency	Type of Information *(including limits as applicable)*

Record of Client Consent

Written Client Consent Or **Verbal Consent**

My worker has discussed with me how and why certain information about me may need to be provided to other service providers.

I understand the recommendations and I give my permission for the information to be shared as detailed above.

Signed :

Date: / /

Signed by: ☐ Client OR ☐ Authorised Representative

Name:

Witnessed:

Workers 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 authorised representative and I am satisfied that they understands the proposed uses and disclosures, and have provided their informed consent to these.

Signed:

Name (Worker):

Date: / /

Position:

To ensure the client is able to make an informed decision about consent to the disclosure of their information, the service provider should complete these steps: (tick when completed)

1. Discuss with the client the proposed referral to other services/agencies. ☐
2. Explain that the client's information will only be released if the client has agreed and advise that services will still be provided even if the client does not want information disclosed. ☐
3. Explain that information will be shared without consent if there is a serious threat to the health or safety of person(s), to report illegal activity or is required under law. ☐
4. Provide the client with our brochure about privacy. ☐