



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 following internal and external services.

I am aware that this consent form is 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 am aware my de-identified personal information will be accessed by the VincentCare Social Policy and Research Unit, Quality Team, Internal and External Auditors and relevant funding bodies with the view of improving future service delivery.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Alcohol and other Drug Treatment |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Centrelink |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Employment / Education |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Support Program | <input type="checkbox"/> Interpreter Required |

I have 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*.

Comments:

Please provide your email address : _____

Please provide your phone number: _____

Confidentiality: all clients are assured of confidentiality while working with Vincent Care Victoria. The Consent to Release Information form, signed by you, may authorise us to discuss personal information with other individuals, and this agreement may be revoked in person or in writing by you at any time. There are some exemptions to confidentiality including:

- That if you threaten another person, we have a legal duty to notify the person that threats of harm have been made by you to them.
- We are required to notify the Department of Health and Human Services and/or Police if you disclose that a child may be at risk of abuse or injury.
- If we assess you to be suicidal or unable to care for yourself for example, a medical emergency, overdose or psychotic episode. We are obliged to notify the authorities to arrange for treatment and support.

Name: _____	Signature: _____
Consent Date: _____	_____
Witness Name: _____	Signature: _____
Date: _____	_____

Consent Obtained Verbally	
Staff Name: _____	Signature: _____
Date: _____	_____

Consent Withdrawn	
Witness Name: _____	Signature: _____
Date: _____	_____

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