

## CONSENT TO OBTAIN AND EXCHANGE INFORMATION

Client/Resident Full Name (BLOCK LETTERS) \_\_\_\_\_

This document is used to record freely given informed consumer consent to share their information with a specific agency/ies for a specific purpose/s. **To be completed by the applicant / program participant**

Tick here if you wish us to collect and exchange information about you with:

Service Type or Person	Type of information	Purpose
<input type="checkbox"/> Family	Health information and general information about your life and life interests	This information helps us to meet your care needs.
<input type="checkbox"/> Next of Kin	Health/General information	Assist in meeting care goals/needs
<input type="checkbox"/> Guardian and/or Administrator	General information about you.	As your legal representatives they need information to make decisions on your behalf.
<input type="checkbox"/> Hospital staff	Health information and contact details of your persons you wish them to consult with	Enables better assessment of your condition and care needs.
<input type="checkbox"/> Assessment Services (ACAS or RAS)	Health information	Helps to meet your care needs
<input type="checkbox"/> Your GP and/or Specialists	Health information	Helps to meet your care needs
<input type="checkbox"/> Allied Health Professionals	Health information and general information about you.	Helps to meet your care needs
<input type="checkbox"/> Other care and support services	General information about you.	Helps us to best coordinate your care
<input type="checkbox"/> Wintringham staff at other Wintringham programs	Information will vary according to the problem or reason for collecting the information but will normally be general information about you often including financial information	Help you to attain, retain your housing. Help to settle any disputes which may arise.
<input type="checkbox"/> Landlord (including DHHS or other Housing Association/Tenancy Representative	General information about you	Allows us to assist you to obtain benefits to which you are entitled
<input type="checkbox"/> Centrelink, and/or Medicare, and/or Veterans Affairs and/or VHR	General information about you	Allows us to help you connect/disconnect utilities. Discuss any problems paying bills.
<input type="checkbox"/> Utility Companies	We will provide contractors with the information they need to provide a service and expect them to report to us any problems they encountered.	Allows us to share information about the service they provided you with.
<input type="checkbox"/> Contractors / Trades people	Health information and general information about you.	Helps to meet your care needs and to best coordinate services.
<input type="checkbox"/> National Disability Insurance Scheme (NDIS)	Health information and general information about you, including referrals to other services.	Allows us to refer you for new or additional services and follow up on the progress of these referrals
<input type="checkbox"/> My Aged Care (MAC)		
<input type="checkbox"/> Other (Please describe) _____		

**NDIS PARTICIPANTS ONLY** I consent to my NDIS plan being shared with other services (e.g. plan manager, allied health, care and support services)



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Please Note: under existing contractual arrangements Wintringham is required to exchange information about you. If you have any concerns about disclosure of your information to any Government Department listed below please contact your Manager:

IAP & Housing Clients:	SHIP reporting / Aust Institute of Health and Welfare
ACH, HCP, CHSP and RACS clients	DoH reporting and Aged Care Quality Agency
NDIS, OPOP, HSA and HACC PYP clients	Vic. DHHS reporting requirements
HEF, SRS	DHS

**Written consumer consent** (Please tick if this option is selected)

*A Wintringham staff member has discussed with me how and why certain information about me may be shared with others and I have a copy of the Wintringham Privacy Collection Statement and Privacy Policy. I understand this and I give my consent for the information to be shared as per the table on the first page of this form.*

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

Dated (dd/mm/yyyy):    /    /

or

**Verbal consumer consent** (Please tick if this option is selected)

*I have discussed with the consumer how and why certain information may be shared with other services, the Wintringham Privacy Collection Statement and Privacy Policy. I am satisfied that this has been understood and that informed consent for the information to be shared as detailed above has been given.*

or

**The client/resident does not have the capacity to provide consent** (that is, they do not understand the nature of what they are consenting to, or the consequences) (Please tick if this option is selected)

Consent given by authorised representative \_\_\_\_\_  
(name & designation of authorised representative)

\_\_\_\_\_  
(signature of authorised representative and date of signature)

There is no Authorising representative or they were uncontactable; therefore, the information will be shared as set out in Wintringham's Privacy Policy and the Privacy Act 1988 (Cth)\*.

\*If it is not reasonably practical to obtain consent from an authorised representative or the consumer does not have an authorised representative, information can still be shared in the circumstances set out in the *Privacy Act 1988*. This includes where the sharing of information is reasonably necessary for the provision of a health service or where there is a statutory requirement.

Name and Designation  
of Wintringham Staff Member: \_\_\_\_\_ Signature \_\_\_\_\_ Date:    /    /

Reviewed: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:    /    /

