

CONSENT TO OBTAIN & EXCHANGE INFORMATION FORM

Full Name: _____

Program / Site: _____

All Wintringham direct client services will use this consent form to record client consent to share their information with a specific service type/s or person for a specific purpose/s. For clients on multiple programs, consent should be sought for the specific purpose of the program.

Please tick if you consent to Wintringham collecting and exchanging information about you with:

Service Type or Person		Types of information	Purpose
<input type="checkbox"/>	Family / Carer (not including next of kin or any legal guardians).	General information about health and/or your situation.	Compassionate sharing of general information to support and meet care and support needs and goals.
<input type="checkbox"/>	Next of Kin / Emergency Contact	General information about health and/or your situation.	To meet care and support needs and goals.
<input type="checkbox"/>	Guardian and/or Administrator	General information, which may include health information for medical guardians.	To support decision making decisions on your behalf.
<input type="checkbox"/>	Wintringham staff across other Wintringham programs	General information, which may include health and financial circumstances.	To offer other supports/services available.
<input type="checkbox"/>	Your treating doctors, other health care providers including hospital staff, GP and allied health.	General information about health and/or your situation.	To provide, assist with, facilitate or coordinate your care, support and treatment.
<input type="checkbox"/>	Other care and support services (including NDIS, My Aged Care).	Information about your needs, your condition, and contact details.	To assist in coordinating and meeting care goals/needs, as well as enabling referrals and follow up.
<input type="checkbox"/>	Centrelink (Services Australia) and/or Medicare, and/or Veterans Affairs.	Information about your financial circumstances, your health and health services you have received, contact details.	To assist you to obtain benefits to which you are entitled.
<input type="checkbox"/>	Utility companies	Your address to be connected/disconnected, your personal information required to create or discontinue an account, information about your payment history (if relevant).	To assist you to connect/disconnect utilities. To discuss any problems paying bills.
<input type="checkbox"/>	Contractors / trades people	Your address where repairs are to be made, your name.	Allows information sharing about the services they provide you with.
<input type="checkbox"/>	Assessment Services (ACAT/S, RAS or My Aged Care)	Your health information, name and contact details.	To enable better assessment of your condition and care needs.
<input type="checkbox"/>	Rental Provider (including Homes Vic., Homes Tas and/or other Housing Association/Tenancy Representative) and/or Housing Register (Vic/Tas).	Your name and contact details, and any issues you have with the housing, including financial information if there are disputes about the payment of rent or damage to property.	To help attain and/or retain housing. D.O.B (to check VHR): _____ To help settle any disputes which may arise.
<input type="checkbox"/>	Other (Please describe)		
<input type="checkbox"/>	Optional I DO NOT provide consent to the follow people or entities. (Please list specific details)		

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

Client's Full Name _____

Wintringham is required to disclose and provide information about you to the below list of government agencies, in line with our existing funding and contractual arrangements. The information is de-identified information, unless we are required by the agency to report identifying details. If you have any concerns about disclosure of your information to any government departments listed below, please speak to your worker or Program/Site Manager.

Program	Government department/agency
Outreach, Housing Support, Flexi & HEF funding, SRS	SHIP, Aust Institute of Health and Welfare, Dept. Families, Fairness and Housing (Vic), Dept. of Communities (Tas) and Primary Health Networks (PHN) and Australian Healthcare Associates (AHA)
Home Care, Residential Aged Care & CHSP	Dept. of Health and Aged Care (DHAC), Aged Care Quality and Safety Commission (ACQSC)
NDIS	NDIS Quality and Safeguards Commission
Housing	Housing Registrars (Vic & Tas)

☐ **Written client 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 am aware I can access the Wintringham Privacy Policy via the website or by requesting a hard copy. I understand this and I give my consent for the information to be shared as per this form.

Client signature	
Print name of client	
Date of signature	
Review date (12 months from date of signature)	

Or

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

I have discussed with the client how and why certain information may be shared with other services and the Wintringham 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 does not have the capacity to provide consent** (Please tick if this option is selected)

Consent to be given by authorised representative.

Name of authorised representative	
Designation of authorised representative	
Signature of authorised representative	
Date of signature	

*** If it is not reasonably practical to obtain consent from the client or, where appointed, their 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 believed necessary to lessen or prevent a serious threat to the life, health or safety of any individual, or to public health or where there is a statutory requirement.**

By completing the below, I have witness the client complete and/or agree to provide consent to provide and obtain information to specific service type/s or person/s.

Name of person witnessing client consent	
Designation / Position	
Signature	
Date of signature	

For more information about our privacy practices, you can access our Privacy Policy, available at <https://www.wintringham.org.au/privacy.html> or by requesting a copy from your worker or Program/Site Manager.

If any of our usual practices related to the handling of your information cause you concern, please let us know by contacting our Privacy Officer via privacy@wintringham.org.au or (03) 9376 1122.

