

IFSS - Consent to Disclose Personal Information

I,(client name),

Consent to:

- Department of Housing Department of Education Queensland Health
 Family and Child Connect Mental Health Services Legal Services
 Lives Lived Well

..... (name of service/organisation)

..... (name of service/organisation)

..... (name of service/organisation)

This consent is effective for the duration of the IFSS support, or until I withdraw my consent.

- Being provided with my personal information by Relationships Australia
 Releasing personal information concerning myself to Relationships Australia
 This consent includes disclosure of “sensitive information”, as defined by the Privacy Act 1988
 This consent includes disclosing personal information relating to children under my care where it would be reasonably expected for me to authorise disclosure of their information.
 This consent is restricted to the following specific information:

.....

I understand that Relationships Australia will only disclose my personal information to the extent necessary to achieve the above purpose.

Client Name: Client Signature:

Client Name: Client Signature:

ARC/Pen No:

Date:

Caseworker Name:

Caseworker Signature:

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Verbal Client Agreement and Consent

Verbal client consent should only be used where it is not practicable to obtain written consent.

Only Verbal Client Consent provided

I have discussed the required information on this form with the client or their authorised representative. I am satisfied that the client (or their representative) understands the information in this document and has provided their agreement and consent.

Practitioner Name		Date	
Practitioner Signature			