

## NOTICE OF INFORMATION PROVISION

**The information in this form must be given to clients when they present for services (can be provided verbally). This is a mandatory requirement.** You must indicate that the client has been given this information in the H2H client and case management system.

I (*client name*)..... understand that:

- I have to give personal information to receive a service
- my personal information will be kept confidential, and will only be seen by people authorised to see it
- **my informed consent will be asked for before my personal information is shared with anyone else, and respected in all situations except if any of the below apply:**
  - **the agency is obliged by law to disclose my information regardless of consent or otherwise - eg an Act of Parliament, a Court Order**
  - **the agency is authorised under the State Government's Information Privacy Principles<sup>1</sup> or Information Sharing Guidelines<sup>2</sup>**
  - **it's unsafe or impossible to get my consent**
  - **it's anticipated that 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 if the information isn't shared.**
- my personal information will only be used to:
  - assess the services I may need and develop a plan to provide them to me for the time that I need them
  - provide other Agencies I might present to with relevant information about me, to minimise the need to keep explaining my situation.
- information about me that doesn't personally identify me will be used to both:
  - better plan and coordinate the overall services in general
  - meet funding and reporting requirements.
- I can say no to the following de-personalised information being provided for reporting purposes (if it applies), by advising the Agency that I am currently dealing with:
  - my Aboriginal and/ or Torres Strait Islander status
  - my country of birth
  - any living arrangements for children who are on care or protection orders
  - the type of institution I recently left
  - any formally diagnosed mental health conditions
  - the source of information on my mental health conditions
  - when I received any mental health services.
- I can access my personal information by asking any Agency I am dealing with.

Date.....

Client Signature:.....

Tick if verbal approval was provided rather than written

<sup>1</sup> Available at <https://www.dpc.sa.gov.au/resources-and-publications/premier-and-cabinet-circulars/DPC-Circular-Information-Privacy-Principles-IPPS-Instruction.pdf>

<sup>2</sup> Available at [https://www.dpc.sa.gov.au/\\_data/assets/pdf\\_file/0009/45396/Information-Sharing-Guidelines.pdf](https://www.dpc.sa.gov.au/_data/assets/pdf_file/0009/45396/Information-Sharing-Guidelines.pdf)

### CONSENT TO SHARE INFORMATION

**This form must be completed if the client needs to be referred to another Agency (service or client referral).** Workers can complete the form where the client provides verbal agreement. Please ensure the client has been provided the Notice of Information Provision before completing this form.

I (*client name*)..... consent to the exchange of information about myself (and any other persons I have signed for below) between (*name of current lead agency*) ..... and the other agencies/people listed below, so that these other agencies can help meet my needs:  
1) .....  
2) .....  
3) .....  
4) .....  
5) .....

**Client Declaration**

My worker has discussed with me how and why certain information about me may need to be provided to other agencies. I understand, and give my permission for the relevant information to be shared with the agencies/people listed above.

I understand that any consent I provide to exchange my personal information is valid for 6 months from the date of my signature.

Name: .....

Date.....Client Signature:.....

Tick if verbal approval was provided rather than written

Agency/Other Witness Name.....

Role of Agency/Other Witness.....

Date..... Witness Signature.....

**Only also sign the following if there are any accompanying children under 16 years of age and/or other family or group members who lack the legal capacity to agree to the above.**

I (*client name*): .....

know (*names of children under 16 and/or those who lack legal capacity to agree to the above*):

.....  
.....  
.....

in the capacity of (*how client knows these people e.g. parent, guardian*): .....

and I am authorised to consent to the collection/ disclosure of information on their behalf.

Parent/Guardian Signature:.....