

Community Housing Tenant Disclosure Consent Form



This form is to give permission for support agencies/guardians/advocates to share information to help you as best as possible.

YOUR DETAILS			
Full name			
Address of property			
Date of Birth			
Phone			
Email			
Preferred method of contact	<input type="checkbox"/> Mail	<input type="checkbox"/> Mobile	<input type="checkbox"/> Email

I consent to the following support agencies/guardians/advocates to exchange information with Momentum Collective.			
Support agency/guardian/advocate	Support agency contact person?	Phone	Email

What information will be shared?
Only information needed to make the best decision to assist you will be shared.

What if there's information that I don't wish to share?
If you feel that some of your information is sensitive or could impact on your safety, please let the person providing you with this form know so they can take the appropriate action. Notify us at any time if there is information you do not wish for us to share.

What if I don't sign this form?
By not giving your consent, we might not be able to get a full understanding of your needs and circumstances or assist you to maintain your tenancy.

What if I change my mind about giving consent?
You can withdraw your consent at any time by notifying us, that you no longer want information exchanged about you. Your consent will be withdrawn.

General information about your privacy
Momentum Collective Community Housing Service collects information about you in order to make sure you receive the assistance you may be entitled to. You have a right to have that information kept private. All social housing providers are bound by privacy and confidentiality laws that limit who can look at information about you and when it can be given out.

Your right to privacy

Under the Privacy and Personal Information Protection Act 1998, the Health Records and Information

Privacy Act 2002, your personal information (including health information) must be stored securely. You must be told why the information is being collected, how it will be used and whether it will be given to or exchanged with another party so that service/s can be provided to you. If you believe that your privacy has been infringed you can make a complaint to the agency completing this form. If you have further questions please ask. If you are satisfied with the above information, please complete the attached form.

I confirm that the following information has been explained to me:

- My consent lasts for 2 years after the date that I sign this form or when I no longer need assistance from social housing, unless there is a current legal order in place.
- I can change my mind and stop my consent at any time, unless there is a current legal order in place.
- It has been explained to me that if I feel that some of my information is sensitive or could impact on my safety, I can let the person providing me with this form know.
- If I do not sign this form I will still receive the services I currently get. But, by not giving my consent, other agencies may not be able to get a full understanding of my needs and circumstances.

Client Verbal Consent to the exchange of information between the agencies or advocates listed on this form**Do you give consent?** Yes, give details No, please sign consent below**Verbal consent was taken in the presence of:**

Full name of witness

Signature of witness

I give consent to the exchange of information between the agencies or advocates listed on this form

Client name

Client signature

Date

If you are signing on behalf of another person as their legally appointed guardian such as the NSW Trustee and Guardian or private enduring guardian, write your name here.

Full name

Signature