

Specialist Homelessness Services

Client Consent,
Information Sharing
and Referral Protocol



Acknowledgements

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Purpose

New information sharing tools have been developed to support providers to share client information with consent, in line with legislative requirements. The records of clients who receive a service from a provider fall within the parameters of the *Health Records and Information Privacy Act 2002* (NSW), Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* (NSW), Part 13A of the *Crimes (Domestic and Family Violence) Act 2007* (NSW), and the *Privacy Amendment (Enhancing Privacy Protection) Act 2012* (Cth).

SHS providers are required to take reasonable steps to ensure people seeking assistance understand why the information will be shared and with whom, and to seek their consent. Information about consent should be provided in an appropriate format that can be understood by the person seeking assistance.

The Client Consent, Information Sharing and Referral Protocol (the protocol) provides a framework to support consistent and effective practice to improve service access and specialist homelessness service (SHS) delivery within NSW. The protocol provides guidance to ensure the personal information of clients is accessed in accordance with client consent, and to ensure effective referral processes are followed.

All SHS providers are expected to comply with the protocol. This guide will cover information relating to the disclosure of client information, record keeping, withdrawal of client consent, granting client access to their records, refusing client access to their records, and requests from clients to amend their files.

The protocol is not intended to constitute legal advice. It is the responsibility of the SHS provider to adhere to all legal obligations and have a clearly expressed, freely available and up-to-date privacy policy about the management of client information.

Consent

Basic rules

A number of rules need to be followed to ensure the personal information of clients is appropriately managed:

- When personal information is gathered from a client, the SHS must gain their consent to record, store and share this information using the Client Consent Form (which can be downloaded from www.facs.nsw.gov.au/shs).
- If the client is unable to sign but has indicated their consent by other means, a witness should sign to confirm consent.
- If the assessment takes place over the phone, the client must consent to the information being recorded (electronically or in writing). If the client is referred to a service in person, the client must confirm consent in writing.
- Where the client does not have capacity to give consent to share their information, consent may be sought from someone who can appropriately act on behalf of the client, for example, a guardian or authorised person.
- The client may withdraw consent at any time and should be made aware of this right. If consent is withdrawn, others with whom the information has been shared must be notified. The withdrawal of consent must be in writing.
- Withdrawal of consent does not mean an agency cannot retain information covered by a previous notification or consent, or continue to use or disclose information for purposes that were notified.
- A client's personal information must not be used by the SHS for a different purpose to that agreed with the client unless it is directly related to the purpose for which consent was given and the client would reasonably expect the SHS to use the information for this different purpose.
- Consent must be re-sought if the information is to be used for a different purpose to that recorded.

SHS Client Consent Form

I do/do not allow for my personal information:

Do / Do Not

- to be gathered from somebody that knows me / my situation **(A)**
- to be available to other homelessness services in NSW if I need their further assistance. Record review date, if required, in the notes section overleaf **(B)**
- that I previously provided to another homelessness service, to be accessed by this service so they can understand my accommodation and support needs **(C)**
- to be sent to another organisation/practitioner so they can provide me with support, accommodation or other services **(D)**
- to be released to the Australian Institute of Health and Welfare for data reporting purposes, in a way that will not identify me. **(E)**

Third Party (A)

My personal information will be sought from:

Name

Relationship

Contact

Name

Relationship

Contact

Name

Relationship

Contact

Referral (D)

Services will be sought from:

The following information will be provided:

(Tick all that apply)

- Name, sex, date of birth
- Demographic details
- Current relationships
- Addresses
- Contacts
- Assessment(s)
- Associated documents / data

Information for the SHS Practitioner

The practitioner must take reasonable steps to ensure the client clearly understands:

- their personal information will be recorded in a secure client information management system used by the service
- which service(s) have access to their personal information, under what circumstances and for what reason
- their right to withdraw or restrict consent
- how long their information must be stored by law
- their right under privacy and access laws to access their personal information
- how to make a complaint about the service
- the service also reports the client's information to the Australian Institute of Health and Welfare (AIHW) as part of its statistical reporting requirements, and this information is used in a way that does not identify the client, so homelessness services can be improved.

If clients have questions about information or privacy laws in NSW, they can contact the Information and Privacy Commission NSW (IPC) on 1800 472 679.

Client Statement

'I understand how my personal information will be used, who will access it, and for what reason. I agree for my personal information to be used and accessed in accordance with the tick boxes on the previous page and the text within the notes section below.'

Name

Signature

Date

Notes

Name of Service

Practitioner

Understanding the Client Consent Form

The Client Consent Form records the client's permission to allow the SHS to gather, store, use and provide access to the client's personal information. The five short statements on the first page of the form relate to different uses of the client's personal information. Each is explained more fully below:

- A.** Clients may wish for a third party (e.g. a family member, friend, guardian or support worker) to be actively involved in the initial assessment to provide supporting or additional information, or support the client being assessed to feel more at ease. The third party's details should be recorded (bottom left panel on the first page of the form).
- B.** Clients may wish to be included in the state-wide homelessness search results within the Client Information Management System (CIMS) for a period of time. The state-wide homelessness search allows any SHS to identify the client should they present to the service within this set time period.
- C.** Having provided consent to appear in the state-wide homelessness search, the client, presenting again as homeless to another SHS, can give the service permission to access their client file. (Note: 'B' allows the client to appear in the search results; 'C' allows the service to access the client record when found.)
- D.** For a referral to be effective, the service receiving the referral should be able to access relevant information about the client. The client may specify the information to be provided (bottom right panel on the first page of the form). Services may decline a referral if the information is insufficient. It is important the client is actively involved in deciding which services they wish to be referred to. These services must be listed separately on the Client Consent Form.
- E.** The Australian Institute of Health and Welfare (AIHW) requests that clients provide consent for services to report client information relating to care arrangements, mental health, attendance at facilities/institutions, country of birth and ethnicity. This information does not identify the client.

The Client Consent Form allows the client to actively opt in or out (via tick boxes) to different uses of their personal information. Not selecting a tick box will be counted as opting out.

The form includes clear instructions to the practitioner to ensure the client understands what they are agreeing to, how to make a complaint, and their rights regarding withdrawing or restricting access to their personal information. The Client Statement (second page of the form) is signed by the client on the condition they understand and agree to how their personal information will be gathered, stored, used and by whom (in accordance with their preferences selected on the first page). The 'Notes' section allows additional information to be gathered, e.g. timeframes for consent, or client comments.

Gathering client information

Information gathered from the client should:

- include only accurate, relevant and important information
- be clear and concise
- clearly identify when the information received is fact or the opinion of the client or another person
- specify whether information is direct evidence or an observation
- always cite the source of the information, e.g. 'Andrew stated that ...' 'His parents revealed that ...'
- consider all sources of information in the conclusion/outcome recommendation
- avoid jargon
- eliminate any ambiguous, biased or judgemental wording
- use correct grammar, spelling and punctuation
- make use of text boxes to provide additional information to support or clarify responses (use dot points to clearly summarise key information)
- ensure the information is recorded in a way that makes it clear what issues need to be addressed and what action may need to be taken
- contain quotation marks to record any direct quotes from the client regarding high risk issues
- ensure enough relevant information is gathered to make a referral to an appropriate service.

Access to information

Providing clients with access to their information

An SHS must take such steps as are reasonable in the circumstances to enable any individual to ascertain if the SHS holds information about them, the nature of that information, the main purposes for which the information is used, and the person's entitlement to request access to the information.

When a client requests that an SHS provides them with access to their information, this request must:

- be in writing
- state their name and address
- specify the form in which they want the information to be provided.

Clients may authorise another person to have access to their information on their behalf. Such authority must be in writing and name the person who is authorised to have access to their information.

An SHS must respond to a request for access within 45 days after receiving the request. An SHS responds to a request for access by either providing access or refusing access to the information.

Any SHS that refuses to give a client access to their personal information must give the client a written reason for this refusal of access. The reason must comply with this protocol.

Access may be refused to a part of the information to which a request relates (with access provided to the remainder of the information).

An SHS is taken to have refused access to information if it fails to respond to the request for access as required.

Access to information relating to a client is to be provided by giving the client a copy of the information or by giving the client a reasonable opportunity to inspect and take notes from the information.

If a client has requested that access to information be provided in a particular format, the SHS is to provide access in that format and in accordance with any guidelines issued by the Privacy Commissioner.

Requests from clients to amend their file

A client may request an SHS to amend their information. This request must:

- be in writing
- state the name and address of the client making the request
- identify the client information concerned
- specify which information is inaccurate, out of date, irrelevant, incomplete or misleading
- be accompanied by such information as the client claims is necessary to complete the client information or to bring it up to date, if the request states that the client information is incomplete or out of date.

SHS must assist clients who seek to access their personal information without undue delay and expense, and respond to requests to alter information to ensure it is accurate, relevant, up to date, complete and not misleading.

An SHS must respond to a request from a client to amend their information by either:

- making the amendment requested
- refusing to make the amendment requested.

An SHS may refuse to amend client information in accordance with a request if it is satisfied:

- the client information is not incomplete, incorrect, irrelevant, out of date or misleading
- the request contains or is accompanied by a matter that is incorrect or misleading in a material respect.

An SHS that refuses to make a requested amendment must give the client a written reason for the refusal. If an SHS refuses to amend information, it must take the following reasonable steps to add a note to the records:

- state the person to whom the information relates and who claims the information is incomplete, incorrect, irrelevant, out of date or misleading
- specify the reasons for which the client claims the information to be incomplete, incorrect, irrelevant, out of date or misleading, and set out such information as the individual claims is necessary to complete the information or to bring it up to date
- include a statement as to the grounds on which the SHS has refused to amend its records
- ensure the amended note is also disclosed when the original client information is disclosed
- provide a copy of statements relating to the above to the client, if safe to do so.

Refusing clients access to their files

SHS are not required to provide clients with access to their data if:

- providing access would pose a serious threat to the life or health of the client or any other person. In these circumstances, the SHS must advise the client that he or she may nominate a registered medical practitioner to whom access to the information can be given. With written consent from the client, the SHS must then provide the nominated registered medical practitioner with access to the information
- providing access would have an unreasonable impact on the privacy of other individuals
- the information is subject to legal professional privilege (legal proceedings)
- providing access would be unlawful or prejudice an investigation of possible unlawful activity
- the request for access is of a kind that has been made previously, on the same grounds and refused.

An SHS may refuse to provide access to information in the format requested if providing the information in the requested format would:

- place unreasonable demands on the organisation's resources
- be detrimental to the preservation of the information or, having regard to the physical form in which the information is contained, would otherwise not be appropriate.

If access is refused for these reasons, the SHS should provide information in another format with an accurate summary of the information.

Disclosing client information beyond the scope of consent

An SHS may disclose client information beyond the scope of the consent under the following circumstances:

- The disclosure of the information is reasonably believed by the SHS to be necessary to lessen or prevent a serious and imminent threat to the life, health or safety of the client or another person, or a serious threat to public health or public safety.
- The SHS has reasonable grounds to suspect that an unlawful activity has been, or may be, engaged in.
- The disclosure of the information is reasonably necessary for the exercise of law enforcement functions by law enforcement agencies in circumstances where there are reasonable grounds to believe that an offence may have been, or may be, committed.
- The disclosure of the information is to a law enforcement agency (or such other person or organisation as may be prescribed by the law) for the purpose of ascertaining the whereabouts of an individual who has been reported to a police officer as a missing person.

- It is reasonably necessary for the exercise of complaint handling functions or investigative functions by investigative agencies, or a person has or may have engaged in conduct that may be unsatisfactory professional conduct or professional misconduct under the Health Practitioner Regulation National Law (NSW), and the SHS discloses the client information as a necessary part of its investigation of the matter, or in reporting its concerns to relevant persons or authorities.
- The disclosure is reasonably necessary for the funding, management, planning, evaluation, or training of employees of the SHS or persons working with the SHS, and reasonable steps are taken to de-identify the information.

Limited disclosure of information without consent

All of the following conditions must be met before a limited disclosure of health information without consent (to the extent deemed reasonable in the circumstances) can be made to an immediate family member on compassionate grounds:

- The client is incapable of giving consent for the disclosure of the information.
- The disclosure is not contrary to any wish expressed by the client (and not subsequently withdrawn) of which the SHS was aware or could make itself aware by taking reasonable steps.
- The SHS reasonably believes the immediate family member to whom the information is to be disclosed has sufficient maturity in the circumstances to receive the information (if the immediate family member is under the age of 18 years).
- Providing limited health information is otherwise lawful and cannot compromise the safety of people or property.
- The practitioner receives and records explicit prior approval from their line manager or equivalent for the disclosure of that information.

Working with other agencies (day to day)

Generally, practitioners should only divulge personal client information in accordance with the purpose and extent agreed on the Client Consent Form. Further client consent must be gained to use or disclose their information for other or more specific purposes than the original consent was provided for. Practitioners must take reasonable steps to be satisfied of the identity of the person to whom they are seeking to disclose the client's information. This may include evidence of identity and proof of authority of that person.

When seeking to provide access to a client's personal information, the practitioner must:

- confirm the identity of the person who requires the information
- establish if there is a clear and legitimate purpose for them or their agency/organisation to access the information
- confirm the reason for which the information is required

- ensure the information they require is necessary for the purpose for which they are requesting the information, and ensure it is proportionate, relevant and accurate
- check with a manager/specialist or seek legal advice if they are unsure (without disclosing the identity of the client where possible)
- inform the recipient if the client's information is potentially unreliable
- ensure the information can be accessed safely and securely
- be clear with the recipient about how the information can be used
- record what information has been divulged, if any
- record the decision to provide access to the client's personal information, regardless of outcome.

Working with other agencies (meetings)

Information exchange will take place in meetings in which specific clients or groups of clients are being considered, with a view to assessing risk, developing a fuller, shared understanding of relevant issues, or developing effective responses and interventions. Information exchange in this context will usually, in the first instance, be verbal but must still be governed by privacy principles and confidentiality obligations.

To this end, the convenors of these meetings should ensure:

- those attending have a legitimate reason to be part of the process, either as information-sharers or decision-makers
- the agenda structure enables attendance for only part of the meeting where a number of cases are reviewed but are not relevant to all attendees
- the client/s under consideration are made aware of this process and, where appropriate, invited to attend. There will be circumstances where it will not be appropriate for the client/s to be made aware of the process. Where this is the case, the reasons should be stated at the start of the meeting.

The Health Privacy Principles should be confirmed at the beginning of each meeting. A signatory form should be signed by those attending and kept as part of the record of the meeting. The meeting record and any associated paperwork must be managed in accordance with the privacy principles. Any information or records shared outside of the group should be suitably de-personalised or appropriately targeted. Participating non-government agencies must ensure their staff are aware of their privacy and confidentiality obligations. They must also obtain acknowledgements from staff of their privacy and confidentiality obligations under this protocol in relation to information-sharing and participation in meetings with other agencies.

Sharing client information (making and receiving referrals)

Generally, personal client information may only be shared in accordance with the purpose and extent agreed on the client consent/referral form. Further client consent must be gained to use or disclose their information for other or more specific purposes than the purpose/s for which the original consent was provided.

However, additional consent may not be required if the purpose is closely related to the aims and scope of the consent obtained and it is thought the client would reasonably expect the SHS to use this information for the additional purpose. Before practitioners provide client information to a third party, they must take reasonable steps to be satisfied of the identity of the person to whom they are seeking to disclose the information. This may include evidence of identity and proof of authority of that person.

When seeking to share client information with third parties, the practitioner must:

- confirm the identity of the person they are sharing with
- establish if there is a clear and legitimate purpose for them or their agency/organisation to share the information
- confirm the reason for which the information is required
- ensure the information they share is necessary for purpose for which they are sharing it, and ensure it is proportionate, relevant and accurate
- check with a manager/specialist or seek legal advice if they are unsure (without disclosing the identity of the client where possible).

Record keeping and storage

An SHS must retain client information for the following length of time:

- in the case of health information collected while the individual was an adult, for seven years from the last occasion on which a health service was provided to the individual by the health service provider
- in the case of health information collected while the individual was under the age of 18 years, until the individual has attained the age of 25 years.

Any SHS that deletes or disposes of client information must keep a record of the name of the individual to whom the client information related, the period covered by it, and the date on which it was deleted or disposed of.

Any SHS that transfers client information to another organisation and does not continue to hold a record of that information, must keep a record of the name and address of the organisation to which it was transferred.

Guardianship or other authorisations should be obtained and kept in digital form as evidence.

Nothing in this protocol authorises an SHS to delete, dispose of or transfer information in contravention of the *Health Records and Information Privacy Act 2002* (NSW).

All SHS must:

- ensure client information is securely stored
- do all that is reasonable in the circumstances to prevent loss, unauthorised access, use, modification, disclosure, and misuse of client information

- ensure client information is protected and made as secure as possible from loss, unauthorised access, use, modification, disclosure, and misuse
- ensure information about active clients is updated as their circumstances change.

Manually recorded (non-electronic) information must be kept:

- in a secure lockable filing cabinet when not in use
- away from wider view when being used.

Electronically stored client information should be:

- password protected or encrypted, with passwords regularly changed
- stored on a secure drive or server with restricted access
- protected by a security screensaver if left open but unused
- kept for no longer than is necessary for the purposes for which the information may lawfully be used
- disposed of securely.

Access to client files within the Client Information Management System

In the vast majority of circumstances, only the SHS working directly with a client has day-to-day access to their information within the SHS Client Information Management System (CIMS), unless consent has been given otherwise.

To enable continuity of service provision, within CIMS a small minority of SHS providers have chosen to share access to client information with other SHS providers with which they work closely. In this arrangement, a client's sensitive information can be hidden from other SHS providers that do not provide support. This can be achieved by setting the client file status to sensitive (this will also block access to the client's information via the state-wide search).

The sensitivity setting can be used to hide the following information from other workgroups in your cluster:

- SHS support period
- notes
- payments
- accommodation
- SHS status updates
- alerts
- consent
- referrals
- plans
- documents
- memo
- initial assessment
- key worker

The following information cannot be hidden from other workgroups in your cluster:

- given name/s
- middle name/s
- family name
- sex
- date of birth
- Indigenous status
- country of birth
- year of arrival
- language at home
- date of death
- comments
- alias details
- relationships

Referral

Ensuring effective referrals

The referral process connects the client with services best suited to meet their needs. It is essential this process happens as smoothly as possible, whether following initial assessment or as part of ongoing case management. Effective referral requires empathy and respect for the client, a non-judgemental attitude, and sensitivity to their cultural needs.

Practitioners should aim to avoid a 'processing' attitude in which the referral is seen as merely directing people through an impersonal system. Before seeking to make a referral the practitioner must:

- seek to settle distressed clients before referring them on to other services
- discuss the client's previous experiences of accessing services
- discuss with the client the reason/s for seeking to make the referral
- empower the client, as appropriate to their level of functioning, to do as much as possible for themselves
- not commit to any requirement that cannot realistically be met either by a service or the client.

Overcoming barriers to accessing services

Practitioners must enquire about barriers that clients may experience in accessing services and, where feasible and appropriate, work with the client to find ways to overcome these barriers.

Barriers may include:

- lack of information about services and what is available
- the client's lack of capacity or interest in taking up the referral
- waiting lists that are too long to meet the client's needs
- cost
- lack of childcare
- cultural or language barriers
- difficulties in contacting persons, e.g. access to phone services
- family ties
- lack of anonymity issues in small communities
- lack of interpreters
- lack of services, particularly in rural and regional areas
- lack of transport options, particularly for disabled or aged persons.

Making a referral

Every effort should be made to match and refer the client to a service (or outcome) appropriate to their needs.

All referrals must be made by telephoning the receiving agency in the first instance to discussing the client's circumstances and check whether a vacancy exists. For referrals to other SHS, the practitioner should use the Vacancy Management System (VMS) within CIMS to identify an appropriate service with a vacancy to which a client may be referred.

When communicating with other services (SHS or non-SHS), practitioners must ensure the client's consent is obtained and recorded before any identifiable information is shared.

When a referral is agreed to by the receiving agency, it is their responsibility to indicate when they can accept the client, preferably within the shortest possible timeframe.

The referral function within CIMS should be used to formally accept and reject referrals. Before formally accepting the referral, the service to which the client is being referred may seek further clarification about the client, either from the referring service or from the client themselves.

For all referrals, both SHS and non-SHS, once the referral has been accepted by the other service, the client must be provided with:

- details of the referral agency, such as the name of the support practitioner, phone number, and address
- directions and transport details to the agency
- information about the service (if available)
- information about what the client can expect upon arrival at the service, along with the nature and purpose of the referral information relating to the client's obligations.

The practitioner must prepare the client for their first appointment by talking through with them the information they will have to provide, how to get to the appointment, and what they will have to take (if appropriate). It is recommended the client is provided with appropriate assistance relevant to the situation, including assistance with travel arrangements to ensure the client attends the service for which the referral has been made. SHS brokerage funds may be used to assist the client with travel arrangements for this purpose.

When referring the most vulnerable clients, it is important the practitioner consults with the referral agency to determine whether the client kept the appointment and assistance was provided. This process of assertive follow-up is particularly crucial in cases where the referral is related to a high-risk situation, e.g. suicidal intent.

For information about brokerage funding guidelines see Module 4: Brokerage Funding Guidelines of the [Specialist Homelessness Services Practice Guidelines](#).

Link2home

Link2home is a 24/7, state-wide telephone service for clients seeking homelessness services. It is often the client's first point of contact with the SHS sector and operates as part of a 'no wrong door' approach.

Link2home and SHS work in partnership to enable client access to homelessness services.

It is essential that SHS and Link2home work together closely to provide responses and make it easier for clients to access the service they need.

Clients that contact Link2home will receive the following services:

- All clients will receive a risk assessment and their immediate safety concerns will be addressed as a matter of urgency.
- Clients who are homeless or at risk of homelessness will receive an assessment of their accommodation and support needs.
- In agreement with the client, appropriate and available service providers will be contacted with a view to making a referral to the service (SHS or Temporary Accommodation).
- If all parties agree the referral is appropriate based on the information provided, a referral will be made.
- Together, Link2home and the service provider will ensure the client's safe and smooth transition to the service.

SHS must make every effort to secure accommodation and/or support for the client before contacting Link2home, and should only contact Link2home as a last resort.

- The SHS must contact Link2home with the client present, having completed an initial assessment.
- The SHS must inform Link2home about the outcome of the initial assessment and the services that have been contacted to provide support and/or accommodation. (The completed Client Consent Form and initial assessment can be sent to Link2home).
- Link2home may assess the client's suitability for Temporary Accommodation or for other suitable support services.
- If Link2home is unable to secure support or accommodation, the SHS is expected to provide support as appropriate to service capacity and safety.

Vulnerable clients

Child Protection – Providing and requesting information under Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998 (NSW)*

Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998 (NSW)* allows for the exchange of information between prescribed bodies without Department of Family and Community Services (FACS) involvement. In this Chapter, the term 'organisation' applies to all prescribed bodies, whether they are government or a non-government organisation.

Chapter 16A establishes a scheme for information exchange between prescribed bodies and requires organisations to take reasonable steps to co-ordinate the provision of services with other organisations.

The four key principles to consider are:

- organisations that have responsibilities for children or young persons should be able to provide and receive information that promotes the safety, welfare or wellbeing of children or young persons
- organisations should work collaboratively and respect each other's functions and expertise
- organisations should be able to communicate with each other to facilitate the provision of services to children and young persons and their families
- the needs and interests of children and young persons, and of their families, in receiving services relating to the care and protection of children or young people takes precedence over the protection of confidentiality or of an individual's privacy.

Obtaining consent from children and young people

Consent does not need to be sought from children and young people for the exchange of information under Chapter 16A. However, as it is a principle of the Act that a child or young person should be given an opportunity to express views on personal matters, consent should be sought where possible.

Best practice also recommends that consent is sought from family members before information relating to them is exchanged.

For further information see

[Child Wellbeing and Child Protection – NSW Interagency Guidelines](#)

Domestic Violence Information Sharing Protocol

The Domestic Violence Information Sharing Protocol explains how to share information under Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007* (NSW). At the heart of the protocol is the safety and protection of victims and their children from domestic violence. Part 13A regulates information sharing in cases of domestic violence and has effect despite any provisions under NSW privacy legislation.

Public sector agencies, private organisations and individual service providers must comply with the protocol when sharing the personal and/or health information of domestic violence victims, perpetrators and other persons under Part 13A. Part 13A and the protocol reflect the importance of balancing the safety needs of domestic violence victims with individuals' rights to privacy.

For further information see:

[Domestic Violence Information Sharing Protocol](#)

Registered Persons

All people applying for SHS assistance, including Registered Persons, are entitled to access assistance. Registered Persons have the same right to be treated fairly and without discrimination.

Key rules:

- The practitioner must not ask if or record that a client is classified as a Registered Person.
- A client who has disclosed that they are classified as a registered person must not:
 - ◆ be referred to an SHS provider that may house or provide services to children
 - ◆ be located at a service that does not meet the requirements of their location restrictions.

If there is a risk of harm to a child, a disclosure can be made to the relevant bodies in accordance with the law. However, there must be a risk of harm before any such disclosure can be made under Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* (NSW).