



Housing Pathways

Consent to Exchange Information Between Support Workers/Service Providers

This form is to give permission for support agencies to share information to help you as best possible. For information or assistance with this form, phone the Housing Response Centre 1800 422 322, 24 hours a day, seven days a week.

Your details

Full name

Address

Date of Birth

Mobile

Landline

Email

Preferred method of contact

Mobile

Landline

Email

Services currently received or requested from support workers

| Agency name | Which agencies do you consent to share information? | Location/contact person | Phone or Email |
|-------------|---|-------------------------|----------------|
| Homes NSW | <input type="checkbox"/> | | |
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Additional Information
Such as:
dependent children,
Legally appointed guardian,
A need for interpreter

DCJ Privacy Notice

This notice outlines how the Department of Communities and Justice (DCJ) collects, uses, stores and discloses your personal and or health information in accordance with the *Privacy and Personal Information Protection Act 1998* (NSW) (PIIP Act) and the *Health Records and Information Privacy Act 2002* (NSW) (HRIP Act).

DCJ collects personal and/or health information from time to time in connection with your application for housing services or during your tenancy and will be exchanged between social housing providers (public, community and Aboriginal housing) for the purposes of assessing and processing your continuing eligibility for social housing and providing an appropriate service.

We may also collect information to provide you with support services, related to your tenancy or as a client of DCJ.

This information may be collected from:

- you directly
- individuals who are visiting or residing at the same residential address as you
- members of the public
- Community Housing Providers
- your authorised representatives
- other third parties, for example medical practitioners
- other NSW or Commonwealth government agencies (as permitted by law).

This information is held by DCJ, and where relevant Community Housing Providers. The information held relates to services provided to you, including the details you provide in this document and information in other documentation completed or provided by or on your behalf, and it also relates to information you provide to our staff or Community Housing Providers (for example, during your public housing tenancy sign-up process).

DCJ may also use your information for data analytics, data matching and data integration on DCJ's Federated Analytics Platform (FAP). In addition to the use of your information on the FAP, this information will also support policymaking, program and service planning, delivery of targeted services for clients, program evaluation, monitoring and reporting, research and resource planning. We may also use your information within DCJ to plan, coordinate and improve the way we provide services. This includes use of the information by companies contracted by DCJ, for example, for the purposes of determining client satisfaction and related long-term service enhancement.

Intended recipients of your personal and or health information include those involved in the above activities, as well as any others who may have a lawful interest in considering your application or tenancy, including where relevant the:

- DCJ
- Aboriginal Housing Office
- Community Housing Providers
- Housing Appeals Committee
- NSW Land and Housing Corporation.

DCJ may also disclose your personal and or health information where required or permitted by law, for example:

- for purposes relating to child protection, health reasons, protection of public revenue, and or law enforcement
- to relevant statutory bodies
- to other co-tenants, authorised occupants and or visitors of the subject residential address.

The supply of your personal and or health information in this form is voluntary; however, if you do not supply us with the information we request, we may not be able to process your application, provide services to you or other individuals affected by your tenancy, or provide other forms of assistance.

You have a right of access to and correction of your personal and health information held by DCJ in accordance with the PPIP Act and the HRIP Act. Further information about your privacy rights are available on the DCJ website at <https://www.dcj.nsw.gov.au/privacy-notice>

Authorisation

- I have read and understand the above notice.
- I give permission for medical details affecting my need for housing to be released to the above named social housing provider and, if necessary, for my doctor/health care professional to discuss these details on my behalf with the social housing provider.
- I give permission for my details to be released by my social housing provider to a third party support service for the purposes of making a referral on my behalf.

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.
- 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.
- I understand that this authority may also be revoked at any time, in writing, by the third party or by an entity with the legal authority to do so.

Client Verbal Consent to the exchange of information between the agencies or advocates listed on this form

Do you give your verbal consent? Yes give details No — Please sign consent below

Verbal consent was taken in the presence of:

Full name of witness

Signature of witness

Client Written 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.

Print name & sign

| Office Use Only | | |
|----------------------|-------------------------|------------------------------|
| T File number | Client reference number | Application reference number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Officer taking receipt of this consent:

| | | | |
|------------------------|----------------------|----------------|----------------------|
| Name of person/officer | <input type="text"/> | Position Title | <input type="text"/> |
| Organisation | <input type="text"/> | Phone number | <input type="text"/> |
| Email | <input type="text"/> | | |