

INDIVIDUAL AGENCY LOGO

Permission to share personal information

Your rights: *In accordance with Australian privacy legislation, you have the right to access any personal information we have about you. We cannot share your personal information with other people or organisations without your permission.*

Exceptions: *There are times when we will share your personal information with a third party without your permission, for example:*

- *When we are required to do so by law;*
- *Where there is a serious threat to the life, health or safety of any individual, or to public health or safety.*

If you give permission to share information about you with other people in order to improve understanding of your needs and how best to address these please sign below.

I give my permission to share information that your organization holds about me with the following organisations and/or individuals: **(Agencies may choose to pre-fill this section with relevant organisation names)**

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I understand I am able to withdraw my permission at any time (Please tick) YES

I understand my permission is only valid for ____ months from the date of signing this form (Please tick) YES

Client name Client signature

Date.....

or

I have witnessed that the client has understood this document and gives consent to share their personal information.

.....
Witness (Name, signature and date)

A copy of this document has been given to the client YES



An initiative of the South West Metropolitan Partnership Forum