# Consent to Disclose Information Form

Inala Community House seeks to work collaboratively with other services to provide the best supports for you. We uphold and respect each person’s right to make an informed choice about how their personal information is shared except as permitted or required by law.

**Consent to Disclose Information**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name) authorise Inala Community House to disclose information to the third parties listed below.

|  |
| --- |
|  |

**Type of Information to be Disclosed:**

|  |
| --- |
|  |

**If we have received a request for this information, the stated purpose included in the**

**request is:**

|  |
| --- |
|  |

**Declaration**

I/We understand that by consenting to this disclosure:

* Inala Community House has no control over how this information will be used by other parties
* Your information will be shared with the parties listed above
* You can withdraw your consent at any time by contacting Inala Community House

|  |  |  |
| --- | --- | --- |
| **Full Name of Person 1** |  | **Full Name of Person 2** |
|  |  |  |
| **Signature** |  | **Signature** |
|  |  |  |
| **Date** |  | **Date** |
|  |  |  |

**Privacy Notice**

Inala Community House collects personal information to provide relevant services, to comply with funding or legal requirements and to deliver services. Your personal information is protected by law (*Privacy Act 1988* and *Information Privacy Act 2009).* Your information is used by us and our authorised agents and may be given to other parties with your consent, or where it is required or authorised by law. Providing incomplete information may limit what services can be delivered. You can see more information about how your personal information is managed by viewing our Privacy Statement, <https://ich.org.au/about/privacy-statement/> or by contacting us at [reception@ich.org.au](mailto:reception@ich.org.au).

**Office Use Only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A copy of this form must be placed on the service user’s file.**  **Withdrawal**  If consent has been withdrawn, enter a tick: ü  Date of withdrawal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Record of withdrawal placed on file: ü | | | | |
| **Worker Name** | | **Signature** | | **Date** |
|  |  |  |  |  |