## Information sharing consent form

Part 13A of the Crimes (Domestic and Personal Violence) Act 2007\*

#### Why is it important to share information?

Sharing information in cases of domestic and family violence is important so that we can help you stay safe and connect you to the support services that can help you.

#### Why am I being asked to complete this consent form?

Because we have concerns for your safety and wellbeing, we would like to refer you to domestic violence support services that can address your needs. These services may help you with safety planning, emergency accommodation, counselling, court support and other services.

If you are at serious threat of domestic violence, we may also need to share your information with other services to prevent or reduce a serious threat to your life, health or safety.

By signing this form you give us permission to share your information. Your information will be kept confidential and will only be shared with services who will make sure it is kept securely. It will never be shared with the person who hurt you.

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consent to the collection, use and sharing of my personal or health information with other services to receive domestic violence support services (please see other side of this form).

I understand that if there are serious threats to my life, health or safety of my family or other persons, in some cases information may be shared without my consent to protect me, my family or others.

Signature	Date
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Staff name	Service provider
Signature	Date

Note to staff: Where verbal consent was obtained, record the circumstances of the verbal consent below:

<sup>\*</sup> The service provider is subject to Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007* and the Information Sharing Protocol.

# Information sharing consent form

### Part 13A of the Crimes (Domestic and Personal Violence) Act 2007

If there are threats to your life, health or safety we can refer you to support services that can help you. The support worker will talk to you about your safety needs and referrals that can be made to help you.

Note to staff: With the client, identify safety needs and list in the table below and complete as indicated.

My needs	Name of agencies or services	Information shared

Signature	Date
Staff name	Service provider
Signature	Date