

## Consent Form - Information Sharing to Prevent Domestic Violence Part 13A of the Crimes (Domestic and Personal Violence) Act 2007

Please print in BLOCK LETTERS with a black or blue pen

This form is to be completed by social housing clients who are at risk of domestic and family violence and are providing consent for a social housing provider to share your information with other service providers to help you stay safe from further violence. For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week.

### Why is it important to share information?

Sharing information between service providers in cases of domestic and family violence is important so that we can get a clear picture of what is happening for you and help you stay safe from further violence. The information will also be used by agencies to 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 safety 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 service providers to prevent or reduce the serious threat to your life, health or safety. In some cases, your information may also be shared without your consent if it is believed actions can be taken to protect you, your family or others from those serious threats.

By signing this form you give us permission to share your information.

Your information will be kept confidential and will only be shared with agencies who will make sure it is kept securely. It will never be shared with the other person.

I .....

of ..... (address)

I consent to the collection, use and sharing of my personal or health information with other service providers for the following purpose (The service provider is subject to Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007* and the related Protocol.)

(tick the boxes that apply)

(at threat) to receive domestic violence support services (please complete table below)

(at serious threat) to prevent or reduce a serious threat to my life, health or safety, that of any children or other persons

### If you are at threat we can refer you to support services who can help you

The support worker will talk to you about what support you need for your safety and the referrals that can be made for you.

**Note to staff:** with the client, identify all safety needs and list in the table below. Complete as indicated.

| My Needs | Name of Agencies or Service | Information Shared |
|----------|-----------------------------|--------------------|
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### If you are at threat we can refer you to support services who can help you - cont'd

The support worker will talk to you about what support you need for your safety and the referrals that can be made for you.

**Note to staff:** with the client, identify all safety needs and list in the table below. Complete as indicated.

| My Needs | Name of Agencies or Service | Information Shared |
|----------|-----------------------------|--------------------|
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**I understand that if I am at serious threat, in some cases the information may be shared without my consent to prevent or reduce serious threat to my life, health or safety or that of my family or others.**

Full name ( please print)

Signature

Date

#### OFFICE USE ONLY

Social housing provider

Social housing officer's name ( please print)

Signature

Date