Client Consent

To ensure the Client is able to make an informed decision about consent to the disclosure of their information, the Worker should: *(tick when completed)*	
☐	Discuss with the Client that consent will allow information to be accessible only by Front Door & Outpost services, constituting WAYSS, PYFS, Hanover, SCAAB, Windermere and Good Shepherd and that this consent is valid for 90 days from the date signed.
☐	Explain that the Client's information will only be released to other services if the Client has agreed and signed the consent form. Also advise that the referral for service can still proceed if the Client does not want information disclosed.
☐	Inform the client that consent will continue until the completion of this episode of service and at subsequent presentations, the client will be asked to again provide his or her consent.
☐	Provide the Client with information about privacy, such as the brochure *Your Information—It's Private*, and a copy of this form, once completed..

Section 1: Proposed Information Uses and Disclosures

The following service(s) are recommended. It is also recommended that relevant information is forwarded to the Agency(s) that provide these services so that Client can receive the best possible care.			
Type of Service Example – Alcohol and/or Drug -Financial Counselling	**Name of Agency** Example – Any Agency - Nominated Clinic	**Type of Information** Examples – All relevant Information - Contact details only	Client initials to consent to information transfer

Section 2: Record of Client Consent

2(a) Written Client Consent Or

2(a)

My Worker has discussed with me how, when and why certain information about me may need to be provided to other agencies.

I understand this information and that my consent will remain valid for 90 days. I give my permission for the information to be shared as detailed above.
I have provided with a copy of 'Your Information- It's Private'.

Signed: (Client or Authorized Representative)	Date:
Client Name:	
Witnessed: (Worker)	
Worker Name:	
Role:	

2(b) Verbal Consent

2(b)

Worker Use Only

Verbal consent should only be used where it is not practicable to obtain written consent.

I have discussed the proposed referrals with the Client. I am satisfied that the Client understands the proposed uses and disclosures, and has provided their informed consent to these.

Signed: (Worker)	Date:
Worker Name:	
Role:	

Section 3: Record of Client Consent to provide feedback on service

3

It has been explained to me that I may be asked to provide feedback today in relation to this service or at a later date. I am aware that my decision and responses will not affect the service provided to me.

I agree to provide- ☐ Feedback today ☐ Feedback at a later date

Signed: (Client or Authorised Representative)	Date: