



## CONSENT TO INFORMATION SHARING (GENERIC)

<b>Clients Full Name:</b>	
<b>Date of Birth:</b>	<b>MSWA Client Number:</b>
<b>Address:</b>	

**MSWA are committed to:**

- Safeguarding your right to privacy and protecting your information.
- Your right to choose your own services and providers.

We require your consent to access and use your information, for the purposes of providing MSWA Services and allowing your MSWA Team to work closely with you and any providers or clinicians you nominate.

MSWA adheres to the Australian Privacy Principles, as contained within the Privacy Act 1988. For further information, the MSWA Privacy Policy is available on the MSWA Website or upon request. This Policy details how and what information is collected, stored, used, and shared.

**When:** You will be asked to complete this consent form before you commence services with MSWA. You may also be asked to re-confirm your consent during your time with MSWA. Your Coordinator will discuss this with you.

You have the right to withhold information or withdraw consent at any time. Please note, however, this may impact on the services or coordination which can be provided. We encourage you to clarify or discuss any concerns you have regarding how we handle your personal information, with your Coordinator or MSWA Management.

**Complaints:** If you have any concerns regarding how your information is shared or used, you have the right to lodge a complaint. MSWA values and investigates all feedback in a fair and timely manner. MSWA follows mandatory reporting requirements and supports individual’s rights to seek external review or advocacy. Privacy breaches that cause harm may need to be reported to external Quality and Safety Commission’s, or applicable regulatory bodies.

You can submit a complaint in writing, via email, or verbally by calling our dedicated phone line on 08 6454 3173. A feedback link is also available on the MSWA website. Additionally, your welcome pack will include the MSWA Feedback and Complaints brochure, which provides details on independent advocacy services and external complaint agencies should you wish to seek further review.

**Sharing information:**

*Please note below if there is anyone you do not want your information to be shared with.*


**I agree to MSWA sharing relevant information to the following:**

GP/Treating Specialists	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allied Health Service Provider/s	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equipment Suppliers and home modification businesses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regulatory bodies (including NDIS, Aged Care and Disability Agencies - and associated Auditors)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Local Area Coordinators (LAC's), where relevant to my service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Care providers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contracted service providers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A Plan Manager/Case Coordinator/Support Coordinator, where relevant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Substitute Decision maker (i.e. EPG, Guardian, EPA, Trustee, Administrator)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other nominees (i.e. family/friends; respite coordinators; residential care managers) – List below:		

**I Agree and Understand,**

- I understand that I have consented to my nominated MSWA team liaising with and sharing relevant information with the above agencies/individuals to assist with the planning and delivery of service.
- I consent to the MSWA coordinator/key staff collecting personal information about me for use in the planning and provision of my services.
- I understand my information will be kept securely and will be shared appropriately as per directed above, and as per the obligations outlined in the Privacy Act 1988.
- As per the Privacy Act and MSWA Policy, I understand that there are exceptional instances when MSWA may release my information without my consent. Such instances include when MSWA is directed through Legislation to release my information, or when there is significant concern for the safety of myself, or the safety of others.
- I understand MSWA will only take photos related to me or my property when agreed. All photographs will be stored on my individual electronic records and no copies will be retained or shared from any other device.
- MSWA may only use my information for agreed purposes.
- I understand referrals made by MSWA to other providers will be discussed with me prior to the information being released.
- I have the right to verify the information being held about me and understand my rights to access that information.
- I fully understand my rights to privacy in respect of the information collected, stored, used, and disclosed about me.
- It is my right to withdraw my consent at any time, however, I understand that it may affect the service which is provided.

- If I am accessing services periodically, this consent will apply to each occasion of service unless varied by me.
- I will inform MSWA if any of the above nominees are changed.

<b>Signatures</b>	
<b>Client name:</b>	
<b>Client signature:</b>	<b>Date:</b>
<b>In the event Client is unable to sign, nominated representative to sign below:</b>	
<b>Representative's Name:</b>	
<b>Representative's Signature:</b>	<b>Date:</b>
<b>Relationship with Client:</b>	
<b>MSWA Staff Signature</b>	
<b>Name:</b>	
<b>Role:</b>	
<b>Signature:</b>	<b>Date:</b>