

YWCA Canberra Privacy Consent Form



YWCA
CANBERRA

About this agreement

YWCA Canberra is committed to providing you with the highest level of service and confidentiality, and this includes protecting your privacy. YWCA Canberra is bound by the Commonwealth Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2012, which outline the principles concerning the protection of personal and sensitive information about you.

Your personal information will be collected, maintained and used in accordance with the Privacy Act. YWCA Canberra will only use information about you for the purposes directly related to your service. YWCA Canberra will maintain the security of information about you to safeguard it against loss, unauthorised access, use, modification or disclosure and against other misuse.

By providing YWCA Canberra with your Personal Information, you will be deemed to have read and accepted YWCA Canberra's Privacy and Confidentiality Policy, as amended from time to time, a current copy of which is available here: www.ywca-canberra.org.au/privacy-policy/.

For any further clarification or questions regarding your privacy please contact our Privacy Officer on quality@ywca-canberra.org.au.

Disclosing information to other organisation or individuals

To provide you with the best possible support, there may be occasions when your worker may need to speak with you, another person or another service. Your consent is required for this to occur. Please complete the information in the Consent Statement below.

Disclosure under other circumstances

Information about me may be disclosed to other services/authorities without my permission where a disclosure is required by law or duty of care to lessen or prevent a serious threat to life, health or safety.

Minimum Data Set reporting

YWCA Canberra is also required by various government agencies and funders to report Minimum Data Set (MDS) information in order to facilitate the monitoring and evaluation of service provision and to plan future service improvements. This information will be de-identified (i.e. will not contain your name, or Medicare number).



Consent Statement

I, _____ (name) understand and give consent to YWCA Canberra:

A. YWCA Canberra will collect my personal information to administer, evaluate or monitor its services and activities. Information will be stored securely on our Client Management System SHIP / Galaxy and Star Online.

YES ☐

B. My personal information may be collected from or disclosed to the following people or organisations:

- for the purpose providing support for my safety, housing, and related issues.
- including personal information relevant to the support

YES ☐

List persons/organisations *Note if restricted to certain types of information*

C. My unidentified personal information will be provided to the Australian Institute of Health and Welfare as part of the Specialist Homelessness Services collection.

YES ☐

My consent:

Name: _____ Signature: _____ Date: _____

Parent/guardian signature if applicable:

Name: _____ Signature: _____ Date: _____

Worker witnessing this:

Name: _____ Signature: _____ Date: _____

This agreement commences on the date it was signed. The agreement is valid for twelve (12) months and is scheduled to be reviewed on _____ (date). I may review and update this agreement at any time before the scheduled review date.

Verbal consent:

The above components of the consent form have been discussed with the consumer/carer verbally and they have consented to the above marked section/s.

Worker obtaining verbal consent:

Name: _____ Signature: _____ Date: _____

It is important that this consent form (where appropriate) be signed by the client at the first visit or acknowledged via email and then uploaded onto SHIP/Halaxy.

