

Consent to Share Information and Work Collaboratively

TEKVA Limited · ABN 88 689 519 686 · tekva.org.au

Participant details

Participant's full name: _____

Date: ____ / ____ / ____

Participant consent

I, _____, give permission for _____ (referring organisation) and TEKVA Limited to communicate with each other, share relevant information and documents about me, and work collaboratively where necessary or appropriate to assist me.

I understand that:

- the reason for sharing my information has been explained to me;
- only information relevant to my referral and support should be shared;
- the organisations may discuss my circumstances, agreed actions and support needs;
- my consent is voluntary;
- I may place limits on what information can be shared;
- I may change or withdraw my consent at any time by contacting either organisation (TEKVA: referrals@tekva.org.au);
- withdrawing my consent will apply to future information sharing; and
- this consent is valid for 12 months from the date I sign it, unless I withdraw it earlier.

Limits (optional). I do not consent to the following information or documents being shared:

This consent does not automatically authorise either organisation to contact creditors, banks, government agencies or other third parties on my behalf. A separate authority may be required.

TEKVA keeps information securely and handles it under its privacy policy at tekva.org.au/privacy, which explains how you can see or correct what TEKVA holds about you.

By signing below, I confirm that I understand and agree to the referral, information sharing and collaborative support described above.

Participant's full name: _____

Participant's signature: _____

Date: ____ / ____ / ____

Second participant, where applicable

Participant's full name: _____

Participant's signature: _____

Date: ____ / ____ / ____

Worker confirmation

I confirm that I have explained the purpose and effect of this consent to the participant and provided an opportunity for questions.

Worker's name: _____

Organisation: _____

Signature: _____ Date: ____ / ____ / ____