

PARTICIPANT CONSENT

FABIC will work closely with other agencies to coordinate the best support for you. This means your informed consent for the sharing of information will be sought and respected in all situations unless:

- we are obliged by law to disclose your information regardless of consent or otherwise;
- it is unreasonable or impracticable to gain consent or consent has been refused; and
- the disclosure is reasonably necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people.

I, _____ hereby acknowledge that FABIC has advised me of the following:

- FABIC's Privacy and Confidentiality Policy and Procedure;
- my right to access my personal information; and
- my right to withdraw my consent at any time.
- I understand that the follow service(s) are recommended and relevant information about me may be forwarded to the agency(s) that provide these services, in order that I receive the best possible service: (e.g., Insert names of third parties as agreed with participant, e.g. Home and Community Care (HACC), Aboriginal Health Worker, Youth Worker)
- I understand that FABIC must comply with relevant privacy laws and I will contact the organisation immediately if I feel that these laws have been breached.
- My worker has discussed with me how and why certain information about me may need to be provided to other service providers.

I understand the recommendations and I give my permission for the information to be shared with the people or agencies as detailed above.

OR

I do not give my consent for FABIC to collect and disclose my personal information to any third parties.

Name of Participant or Authorised Representative Signature Date

Name of FABIC Staff Member Signature Date

Staff Use Only

Verbal Consent

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

I have discussed the proposed referrals with the participant or authorized representative, and I am satisfied that they understand the proposed uses and disclosures, and have provided their informed consent to these.

Name of FABIC Staff Member Signature Date

