



Consent to Obtain and Release Information

National Indigenous Network Initiative Ltd (NINI) will work closely with other agencies to coordinate the best support for you. 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 reasonable or impracticable to gain consent or consent has been refused, and,
- Without information being shared, it is anticipated a child, young person, or adult with be at risk of serious harm, abuse or neglect, or pose a risk to their own or public health or safety

I _____ of _____

Contact Number: _____ D.O.B. ____/____/____ Prison ID Number: _____

Consent to NINI obtaining information from me and/or releasing information to the following agencies/workers in order to provide me the best possible service;

Agency / worker: _____

Issue / Purpose: _____

Agency / worker: _____

Issue / Purpose: _____

Agency / worker: _____

Issue / Purpose: _____

Occasionally, external agencies (auditors, research and evaluation) may be required to view case file contents. Do you consent to your file being used for these purposes? Yes No

I understand that although consent has been given, only information which is relevant to the matter will be exchanged between services. I also understand that I can request that this consent be cancelled as indicated at the bottom of this form.

Client Signature: _____ Date: ____/____/____

Parent / Guardian Signature: _____ Date: ____/____/____

Withdrawal of consent made on this date _____ due to the following reasons:

Program exit Issue / Purpose Resolved

Client request Other: _____

Please contact The NINI Privacy Officer on 1300294003 with any queries or complaints regarding general privacy and personal information. NINI has a privacy policy that is available on request. **OPP: 2.3 Privacy Policy.*