

CONSENT TO EXCHANGE INFORMATION WITH THIRD PARTY

This form allows you to give consent for The Buttery Limited to exchange information with a nominated third party.

By completing this form, you are authorising:

- your nominated third party to give information about you to The Buttery, or to receive information from The Buttery.
- The Buttery to collect and use your personal information from your nominated third party.
- The Buttery to exchange information with your nominated third party.

NOTE: You may change these arrangements at any time. Authorising a third party to give or receive information does not take away your right to contact The Buttery if you need to do so.

If you would like help completing the form, please phone 02 6687 1111. If the client is giving consent in writing complete Parts A, B and C. If the client is giving verbal consent, complete Parts A, B and D.

PART A: Your details

Family Name: **Given Names:**

Date of Birth: **Phone No.:**
dd/mm/yyyy

Centrelink CRN: - - -

Other household members (if applicable)

Full Name	Date of Birth (dd/mm/yyyy)	Relationship (e.g., partner, child etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART B: Third party details

Name of Third Party	Phone Number	Relationship (e.g., doctor, service provider etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	
Name of Third Party (Cross out if not required)	Phone Number	Relationship (e.g., doctor, service provider etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	

Please go to the next page if you need to nominate additional third parties. Then complete Part C if you are giving written consent or Part D if you are giving verbal consent.

Name of Third Party

(Cross out if not required)

Phone Number

Relationship

(e.g., doctor, service provider etc.)

Email address

Add more information here if needed.

PART C: Written Consent

Complete this section if (a) client is present and able to complete and sign the form or (b) if verbal consent has been given, client is to sign and return this section to The Buttery within 10 business days of receiving the form.

I

Insert name here

understand how and why certain information may need to be shared with others. I give consent to The Buttery to exchange information with a third party (as nominated in Part B of this form).

Signature

Date

dd/mm/yyyy

PART D: Verbal Consent (Cross this section out if client is giving Written Consent)

Part D: Verbal Consent is to be completed and signed by a Buttery staff member when obtaining verbal consent and authority from a client for a third party (as nominated in Part B of this form) to act on their behalf. All questions are to be asked and explained in full. This form is to be posted to the client on the same day that it has been completed. Client is to sign the form and return to The Buttery within 10 business days. This consent lapses if the signed form is not returned to The Buttery within 10 business days.

Location consent given		Method of consent	
	e.g., Binna Burra		e.g., phone, in person
Date consent given		Time consent given	
	Date (dd/mm/yyyy)		Time (hh:mm) (e.g., 10:20)
Method used to confirm identify			
	e.g., Centrelink statement, bank statement, Driver's Licence		
Name of staff member			
Signature of staff member			

Privacy and your personal information.

Your personal information is protected by the Privacy Act 1988 and The Buttery Privacy Policy available on The Buttery website (www.buttery.org.au).

Office use only

This document should be periodically reviewed and revised. Revisions should be made as and when required. The period between reviews must not exceed two years. This document remains valid until such time that a new version is published.