



64322 Client Consent Form

Date: _____

Client Name: _____

1. Client Consent – Information Provision

To ensure the client is able to make an informed decision about their consent to the disclosure of their information, the Practitioner should ensure the client initials the following:

Client Consent (Initials)	<i>If this form is completed via verbal consent, this is to be noted on page 3 and practitioners' initials are to be input in the left column of this page.</i>
	Provide a copy of the Client Information Brochure and discuss the contents, ensuring the client(s) understands their rights and responsibilities and the information regarding privacy.
	Advise client(s) that with this consent, their information will be accessible by relevant Family Life staff.
	Explain that information gathered whilst working with the family is recorded for the purposes of accountability and evaluation of service delivery. This information is stored on a secure database and retained for a minimum of 7 years, in accordance with funding and privacy requirements.
	Explain that client(s) information will only be released to external services if the client(s) has agreed and signed this consent form, or if verbal consent has been provided and recorded. Exceptions including reporting requirements and Duty of Care as outlined in the Client Information Brochure are to be explained.
	Advise that the referral for service can still proceed if the client does not want information shared with other services, if it is appropriate and meets the legislative and duty of care requirements.
	Explain that further exceptions exist under the Victorian Family Violence Information Sharing Scheme and the Child Information Sharing Scheme. Explain that information collected within family support services and family violence services may be shared with certain prescribed entities without consent if: <ul style="list-style-type: none"> • there is a serious threat to any individual's life, health, safety or welfare, • it is relevant for assessing and managing risk to children, • it is relevant for assessing or managing risk to a child victim survivor of family violence. • the information is in relation to an adult using family violence and is shared to manage safety or assess risk of family violence to a victim survivor.
	Inform the client(s) that consent will continue until the completion of this period of service. At subsequent presentations, the client(s) will be asked to provide their consent again.
	Explain that de-identified data is provided to our funding bodies to report on client demographics, and time spent providing support to families, in accordance with our funding requirements. Additionally, Family Life utilises this de-identified data to monitor and report on the services provided.
	Inform the client(s) that tools for practice, evaluation and assessment will be utilised throughout the period of service. Explain that this is to assist with the identification of goals, track outcomes and support service provision.
	Discuss that client(s) are encouraged to provide feedback to their allocated practitioner, throughout their support period. A decision to provide or not to provide feedback, and the feedback responses, will not affect the services provided. Inform the client(s) that a request for confidential feedback will be made, prior to the end of their period of service and that this request is optional.
	Explain that in addition to this consent form, client(s) can provide consent to contact professionals or an emergency contact, by the way of verbal or electronic means. Signed consent will be sought as soon as is practicable following this.



Date: _____

Client Name: _____

2. Consent for Information Uses and Disclosures

In order to receive the best possible support, consent for information provision to the following services has been provided: *(*Additional space provided on page 4, where required).*

Client Consent (Initials)	Type of Service	Type of Information <i>(For example: - All relevant Information - Contact details only)</i>	Name and Contact Details of Service

3. Emergency Contact

Clients have the option to add an emergency contact in the case they are unreachable when there are concerns around safety and wellbeing. The emergency contact is not for information sharing purposes.

Consent for the following person to be contacted for a safety and wellbeing check has been provided:

Client Consent (Initials)	Name	Relationship to Client/Family	Contact Details (Phone and/or Email)



4. Record of Client Consent

4(a) Written Client Consent

4(a) Practitioner and Client(s)	
<i>My Practitioner has discussed:</i>	
<ul style="list-style-type: none"> • that my information may be shared with relevant Family Life staff; and • how, when and why certain information may need to be shared with other services. 	
<i>I understand this information, and that my consent will remain valid for this period of service.</i>	
<i>I give my permission for information to be shared as detailed above.</i>	
<i>I have been provided with a copy of Family Life's 'Client Information' Brochure.</i>	
<i>I agree to not record any individual or group sessions or any interactions with Family Life staff through any means. In doing so, Family Life reserves the right to refuse further service.</i>	
Client Signature: (Or Authorised Representative)	Date:
Client Name:	
Client Signature:	Date:
Client Name:	
Witness Signature: (Practitioner)	Date:
Witness Name: (Practitioner)	
Role:	

Or 4(b) Verbal Consent

4(b) Practitioner Use Only	
Verbal consent should only be used where it is not practicable to obtain written consent. As soon as practicable after verbal consent is provided, signed consent will be sought.	
<i>I have discussed the information in this document with the client(s).</i>	
<i>I am satisfied that the client(s) understands the proposed uses and disclosures outlined in 4(a) and has provided their informed consent to these.</i>	
Practitioner Signature:	Date:
Practitioner Name:	
Role:	

