64322 Client Consent Form

Date:	Click or tap to enter a date.
Client Name:	
Program/ Service:	
Is the client under 16 years of age?	Choose an item.

1. Before You Consent

Family Life is committed to protecting your privacy and ensuring you understand how your information is collected, used, stored and shared.

Before seeking your consent, your practitioner will:

- ☐ **Provide** you with a copy of the *Family Life Client Information Brochure*.
- ☐ **Provide** the *Your Information, Privacy and Safety Fact Sheet* (where relevant to the service).
- ☐ **Explain** the information contained in the *Family Life Client Information Brochure* and *Your Information, Privacy and Safety Fact Sheet* (where relevant to the service)
- ☐ **Explain** that your consent applies for your current period of support with Family Life. If you return to Family Life in the future, you will be asked to provide consent again.
- ☐ **Explain** that assessments, questionnaires and other practice or evaluation tools may be used throughout your period of support to help identify goals, monitor progress and support service delivery.
- ☐ **Answer** any questions you may have.

Practitioner completion only.

Practitioner Initials:

2. Understanding and Consent

Please read the statements below and tick each box if you agree.

Client Understanding

- ☐ I have received the *Family Life Client Information Brochure*.
- ☐ Where relevant to the service, I have received the *Your Information, Privacy and Safety Fact Sheet.*
- ☐ I understand the information that has been provided to me and have had the opportunity to ask questions before giving my consent.

I understand:

- ☐ how Family Life collects, uses, stores and protects my information;
- ☐ when information may be shared with or without my consent;
- ☐ my rights and responsibilities as a client;
- ☐ how to provide feedback or make a complaint; and
- ☐ how to access further information if required.

My Consent

☐ I consent to receiving services and support from Family Life.
☐ I consent to Family Life collecting, using and storing information relevant to providing services and support, informing continuous improvement activities and evaluations for the services we provide.

3. Consent to Share Information with Other Services

You can choose whether Family Life shares your information with other services except where information sharing is required by law or necessary to manage serious safety risks.
Please complete **only** if you agree for Family Life to share information with another service.

Consent	Service Type	Information to be Shared *Examples of information that may be shared:* • *Contact details* • *Attendance information* • *Assessment information* • *Risk information* • *All relevant service information*	Organisation / Contact
☐			
☐			
☐			
☐			
☐			

Note: To add additional organisations, place your cursor in the last cell of the table and press Tab to insert a new row.

4. Emergency Contact

An emergency contact may be used where Family Life has concerns about your safety and wellbeing and is unable to contact you directly.

Name:	
Relationship to Client:	
Phone:	

☐ I consent to Family Life contacting this person and sharing relevant information about my welfare, safety or wellbeing where necessary to support my safety or the safety of others.

5. Parent or Guardian Consent (For Clients Under 16 Years of Age)

This section must be completed where the client is under 16 years of age and parental or guardian consent is required.

Child or Young Person Details

Name:	
Date of Birth:	Click or tap to enter a date.

Parent/Guardian Consent

☐ I am the parent, guardian or person authorised to provide consent for the child or young person named above.

☐ I consent to Family Life providing services and support to my child.

☐ I understand the information contained in the *Family Life Client Information Brochure* and have had the opportunity to ask questions.

☐ I consent to Family Life sharing information relevant to my child's service with the services identified in Section 3 of this form.

☐ In the event that I cannot be contacted, I authorise the emergency contact person(s) identified in Section 3 to:

- collect or authorise the collection of my child from Family Life;
- be notified of any accident, injury, trauma, illness or emergency involving my child; and
- receive information necessary to support my child's immediate safety and wellbeing.

☐ I understand that if my child requires urgent medical attention, Family Life staff may seek medical assistance, including ambulance attendance or emergency treatment, and will make reasonable attempts to contact me as soon as possible.

☐ I understand that it is my responsibility to inform Family Life of any relevant medical conditions, allergies, health concerns or prescribed medications that may be important in supporting my child, including in the event of an emergency.

Child Participation

☐ The service has been explained to the child or young person in a way that is appropriate to their age, development and understanding.

Date explained:	Click or tap to enter a date.

Parenting Orders and Legal Arrangements
Is there a Court Order, Parenting Order or other legal arrangement affecting consent for this child?

☐	No
☐	Yes
If yes, details:	

Where a Court Order or legal arrangement requires consent from both parents or guardians, consent must be obtained in accordance with the Order.

Parent/Guardian Details

Parent/Guardian 1 (if applicable)		Parent/Guardian 2 (if applicable)	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Date of Birth:	Click or tap to enter a date.	Date of Birth:	Click or tap to enter a date.
Relationship to Child:		Relationship to Child:	

6. Client Declaration

I confirm that:

- I have received the *Family Life Client Information Brochure*.
- Where relevant to my service, I have received the *Your Information, Privacy and Safety Fact Sheet*.
- My practitioner has explained the information and answered my questions.
- I understand the information provided.
- I understand my rights and responsibilities as a Family Life client and will meet my responsibilities while receiving services.
- I consent to receive services from Family Life.

Client

Complete this section if you are a client over the age of 16 years of age.

Name:	
Signature:	
Date:	Click or tap to enter a date.

Authorised Representative (if applicable)

Complete this section if you are authorised to provide consent on behalf of the client, including where the client is under 16 years of age or is unable to provide informed consent themselves.

Name	
Relationship to Client *(e.g. Parent/Guardian 1)*:	
Signature:	
Date:	Click or tap to enter a date.

Name *(e.g. Parent/Guardian 2):*	
Relationship to Client *(e.g. Parent/Guardian 2 if applicable)*:	
Signature:	
Date:	Click or tap to enter a date.

Practitioner

I confirm that I have explained this consent form and am satisfied the client has demonstrated understanding sufficient to provide informed consent.

Consent Method	☐ Written ☐ Verbal
Practitioner Name:	
Signature:	
Date:	Click or tap to enter a date.

Where verbal consent has been obtained, practitioners should seek written consent as soon as reasonably practicable and retain both records on the client file.

Changes to Consent

If consent changes during service delivery, complete a new Client Consent Form and retain both versions on file.