

Consent Form

I, _____, have read and understood the Privacy and Confidentiality Policy of Women's Health & Equality Queensland (WHEQ)

Consent Type (Please tick): Written Verbal

I understand personal information will be managed in accordance with the Information Privacy Act 2009. I understand that certain information collected by WHEQ, or an affiliated service, may be used for research data collection or reporting to government agencies and funding authorities for compliance and funding agreements. I also understand information that could identify me or other relevant people will be de-identified for the purpose of these reports.

I give consent for de-identified information to be used for advocacy purposes.

I understand that information is routinely collected when anyone receives services. This information may be provided to the funding body for the purpose of ensuring that participants are provided with a quality service.

I consent to allow WHEQ to provide me with services as requested and required. I understand I can ask for services to be reviewed and can refuse or discontinue the services provided to me at any time.

I understand that any personal information about me will be kept secure and will not be divulged to anyone outside of the service unless my consent has been given.

I understand and give consent for WHEQ to provide my personal information to other relevant persons or organisations for the provision of relevant services as identified below:

I do not consent to my personal information being disclosed to the person or agencies listed below:

I acknowledge that WHEQ has advised me of the factsheet (which includes information about privacy and confidentiality and how to provide feedback or raise concerns).

I understand that I can access my personal information kept on record by forwarding a request in writing to the Women's Wellbeing Team Leader or CEO.

I understand that at any time in the future, I have the right to withdraw my consent regarding the collection of personal information, by informing the service in writing.

Exclusions to consent

I understand that there are some exceptions where my consent is not required to share information with others. These are usually situations where information is required to be shared to manage a serious safety concern, e.g. assessing a domestic violence threat, responding to family and domestic violence, or a law that requires the exchange of information. Where possible, these concerns will be discussed with me in the first instance.

If police have a warrant to search and or seize documents and records or when documents are subpoenaed by the court.

WHEQ value the safety and wellbeing of the participants accessing WHEQ services. WHEQ recognise the requirements under the Domestic and Family Violence Protection Act 2012 (QLD) (DFVP Act) to share information.

Please Note: Lifespan of consent: the consent provided in this form is valid until withdrawn. It may be withdrawn at any time. Verbal consent: In the case of verbal consent, this form should be signed by the worker receiving/recording the consent. Consent is reviewed each time a participant support period commences or when care plans are reviewed.

Consent To Keep Case Notes

I consent to WHEQ staff documenting case notes.

I do NOT consent to WHEQ staff documenting case notes.

If I do not consent to WHEQ documenting case notes:

I understand that case notes are a way of documenting information relevant to my experiences.

I understand by not consenting, this information will not be available to me or any other person, non-government, or government organisation at a later date.

I understand that at any time in the future, I have the right to change my consent regarding the collection of personal information, by informing the service in writing.

I understand that when not consenting to WHEQ staff documenting case notes that WHEQ will keep minimal demographic information such as:

- Name (as provided)
- Age and DOB
- Post Code
- Cultural background

Signed by participant: _____

Date:

Or verbal consent provided:

Signed by staff member: _____

Date:

Inability to gain consent: *(worker to complete)*

Consent refused.

Consent withdrawn.

Reason for refusal/withdrawal.

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