

Consent to Collect Personal Information and Consent Form

(Adapted from the Privacy Act 1998)

Fremantle Women's Health Centre (FWHC) places high importance on your privacy. The information below describes:

- what personal information we collect,
- why we collect it and,
- how we store your information.

Please talk to a staff member if you have any questions or need help filling in this form.

1. Why we need to collect your personal information and what we collect

FWHC only collects personal information such as your social or health history to provide you with the best possible services.

2. How will this information be used?

The information will be used to:

- Assess your needs and provide you with services to best suit your needs
- Communicate with your emergency contacts, if necessary.
- Determine any payments for services (if applicable)
- Provide anonymous reports required by our funders.

3. Collection and storage

FWHC will only access your information from other sources with your consent. FWHC owns and manages its electronic records. We store these records securely in an electronic file management system.

4. Privacy and confidentiality

FWHC will only disclose your information with your consent except when we are legally obliged to do so for example:

- Subpoena: in the case where a Court Order requests part or all of your record.
- Duty of Care: Where there is clear possibility of harm to yourself or harm to others, FWHC workers have a duty of care to ensure your safety and the safety of others.

5. Client and carer rights and responsibilities

FWHC works in partnership with clients and carers. The *FWHC Clients' and Carers' Rights and Responsibilities* outlines our commitment to work in partnership with you to achieve your health and wellbeing outcomes. Please read the FWHC Clients' and Carers' Rights and Responsibilities statement.

If you have any questions, please ask a staff member.

6. Involving others in your care

FWHC recognises your right to have, or not have, others involved in your care (to the extent it does not impose serious risk to you or others). If you would like to have another person involved in your care, please fill in the person's name and contact details below:

Full Name of nominated person: _____
 Relationship to you: _____
 Contact phone or e-mail: _____

7. Access to your information

You can see your own records at a time convenient to you and the service. FWHC will only deny access to your records in certain circumstances as outlined in the Privacy Act 1998.

8. Client file audit

FWHC confidentially audits client files regularly. This is to ensure the quality of our record keeping. We use confidential internal processes and external auditors appointed by FWHC.

9. Clinical supervision

Counsellors consult with a qualified supervisor to provide the best possible services to clients. This is required by the agency, professional bodies and funders.

10. Acknowledging, valuing and learning from your lived experience

FWHC may contact you to ask for your feedback by phone, survey, interview or focus group to help us design a better service. You can choose to take part or not.

11. Consent Declaration

- I give FWHC permission to collect and store my personal information.
- I have read and understood, or had explained to me, this Consent to Collect Information and Consent Form.
- I have been given the opportunity to clarify any information in this Consent to Collection Information and Consent Form that I do not understand.
- I agree for my files to be confidentially audited both internally and externally as part of FWHCs quality assurance processes and funding requirements.
- I have read the *FWHC Clients' and Carers' Rights and Responsibilities* and had the opportunity to clarify any information that I do not understand.

Client Name:	Client Signature:
Carer/Guardian Name (if applicable):	Signature:
Today's Date:	