



Application/ Tenancy Reference number:

Client's name **Date of birth** / /

- General Practitioner **Phone**
- Health Professional **Phone**
- Support Agency **Phone**

Note: Ticking the 'Support Agency' check box does not give the department authority to discuss your case directly with Disability Services. If you wish to give this authority, please tick the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships box below.

- Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
- National Disability Insurance Agency (NDIA)
- Department of Children, Youth Justice and Multicultural Affairs
- Services Australia (Centrelink)/Department of Veterans Affairs
- Queensland Corrective Services Queensland Health

Family Members - Names **Phone:**

Other:

Note: Please note that occasionally it may be necessary to fax this form to one of the individuals/organisations listed above to confirm your consent before disclosing or requesting information. If you have any concerns, please discuss this with your interviewer.

The information will only be requested/disclosed for the purpose of:

Type of information to be requested/disclosed is:

Date consent commences: / /

Date consent ends or former Guardianship and Administration Tribunal or Queensland Civil Administration Tribunal order expires: / /

or until I remove my consent or I cease to be a client of the Department of Communities, Housing and Digital Economy.

Note: If you have any concerns about signing this form, please contact your nearest Housing Service Centre to discuss the matter.

Name (print)

Signature:

Privacy Notice The Department of Communities, Housing and Digital Economy is collecting your personal information so we may provide you with housing assistance. This information may be disclosed between partner agencies, service providers, local governments and non-governmental organisations that may be able to provide you with housing or support services. They may, to assist you with services, pass on the information to other partner agencies, service providers, local governments and non-governmental organisations that may be able to provide you with support services. Unless authorised or required by law, your personal information will not be disclosed to any other third party without your consent. More information about the Department's privacy obligations is available on our website at www.chde.qld.gov.au.

Please return completed form to your nearest Housing Service Centre.



Authority to request or disclose personal information to external parties

Sometimes, it may be necessary for the department to contact another person about your housing needs to ensure that we are able to provide the best possible housing outcome for you. There may be a need to have more information about your medical condition or particular equipment within your accommodation.

If this is the case, an officer of the department will explain exactly who the department needs to contact and why. You will be able to nominate a specific person or organisation and the period of time you give consent for the department to receive and pass on your details. You will also be able to specify what we can or cannot talk about with this person or organisation.

The 'Authority to request or disclose personal information to external parties' form (PH071), if you sign it, allows the department to contact other people and/or agencies to share information to ensure that the best possible services are available to you.

The Department of Communities, Housing and Digital Economy is committed to the Queensland Government's *Information Privacy Act 2009*. The Act describes how personal information is collected, stored, used and disclosed by the Department of Communities, Housing and Digital Economy.

Unless required by law, your personal information will not be passed onto any other external party without your consent.

Need more information?

Please contact your nearest Housing Service Centre.