

Authority to request or disclose personal information to external parties

Application/Tenancy Agreement number:

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 DSQ. If you wish to give this authority, please tick the Disability Services QLD box.

Disability Services Queensland (DSQ)

Centrelink / Department of Veterans Affairs

Department of Child Safety

Department of Communities

Department of Health

Queensland Corrective Services

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 Guardianship and Administration Tribunal order

 / /

or until I remove my consent or I cease to be a client of the Department of Housing.

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

Name (print)

Signature:

Personal Information Privacy Notice

The Department of Housing is collecting personal information on this form to provide you with housing assistance or assess grant funding applications. This is authorised by the *Housing Act 2003*. To assist you with your housing needs and services, relevant personal information may, in very limited and specific circumstances, be disclosed to: Partner agencies, Service providers, Agencies authorised by legislative provisions, and local governments and non-governmental agencies that now, or will, provide you with housing and/or support services. Limited personal information may be used for housing related research, policy or planning functions. Unless authorised or required by law, your personal information will not be passed on to any other third party without your consent. More information about the department's privacy policy is available on our website at: www.housing.qld.gov.au/footer/privacy.htm.



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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 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 (PRH071), 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 Housing is committed to the Queensland Government's *Privacy Information Standard 42*. The Standard describes how personal information is collected, stored, used and disclosed by the Department of Housing.

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 Department of Housing office.