

Client referral and consent form

Client name:

Things for the worker to consider

Consent should only be obtained if the client is:

- sober and not intoxicated of sound mind and their decision-making is not impaired.

Things the client needs to know

We respect your privacy, however in order to give you the best possible service we may need to share your personal information with other organisations, or obtain your consent to provide additional support to you.

Before sharing information with other support services, we will discuss it with you first and gain your permission. No information will be passed on to other services and organisations if you do not agree.

You have the right to cease assistance from our service at any time. You can stop working with any other services we refer you to at any time too. To end this consent you simply need to let us know or advise other services directly yourself.

While we respect and protect your privacy, there may be times when we or another service provider are required by law to alert the police or other services. For example, if you say anything that raises a concern about possible harm to yourself or others, or where there are concerns about the safety of yourself or others, the law allows for information to be shared without consent, and expects service providers to do so.

Client consent

of
 (cell visitor staff member) (service)

I confirm that

(name of client)

has provided verbal consent for:

- a referral to a support service
 their personal details to be used so that the following additional supports can be provided to them:

- family members contacted
 banking be undertaken
 personal belongings collected
 other

(provide details)

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If the client requires additional support, tick the appropriate services in the table below. A referral may only be made to appropriate services after obtaining client consent.

Please indicate whether the client would like to be referred to any of the support agencies listed below.

| Yes | Service name/type | Name of service |
|--------------------------|---|------------------------|
| <input type="checkbox"/> | Legal services (e.g. Legal Aid, ATSI Legal Service) | |
| <input type="checkbox"/> | Justice services (e.g. parole, court support) | |
| <input type="checkbox"/> | Homelessness/housing services | |
| <input type="checkbox"/> | Aboriginal and Torres Strait Islander cultural groups | |
| <input type="checkbox"/> | Medical/doctor (local GP, hospital) | |
| <input type="checkbox"/> | Disability services (e.g. NDIS) | |
| <input type="checkbox"/> | Welfare services (e.g. Centrelink) | |
| <input type="checkbox"/> | Alcohol and drug services (e.g. detox/rehab) | |
| <input type="checkbox"/> | Other (please provide details) | |

Client signature:

Date: