

## Care Coordination Client Information and Consent Form

A Care Coordination Group (**Group**) consists of multiple agencies – community and government – who work together in the Ipswich region. Group members can include Housing Service Centres administered by the Department of Housing, and Community Housing Providers in the region.

This Group provides cooperative support for people who are currently experiencing homelessness, who are at risk of experiencing homelessness, or for people who are having difficulty maintaining their tenancies.

The Group will meet every three weeks to work through how to support individuals and/or families who are experiencing housing and other stresses.

The membership of the Group varies in each region, but will commonly include services that support:

- Housing provision
- Assistance to tenants
- Health needs – particularly disability-related, mental health and NDIS
- Alcohol and other drugs treatments
- Aged care needs
- Cultural needs
- Family support and welfare
- Legal assistance
- Enabling participation in community
- Employment and education

The group is committed to treating you as an individual and putting people first (person-centred), giving you a say in how you are supported (client-informed), and providing a culturally safe environment for all. Your **Referring Worker** is your primary contact to have your say about the services available to you.

### Provision of Services

To provide these services, members of the Group will need to share information about you with other members of the Group and with other support agencies.

The information that will be shared can include:

- Your personal details – name, contact details, personal details such as income and preferred services.
- Your health information – health conditions, treatments and health services currently being provided to you.
- Family information – next of kin, immediate family, close support persons (see consent option on the next page).

**The Group will only discuss and share your information with your consent, which you can grant by completing the form on the following page. If you do not agree, it will not affect the services you are already receiving, however you would not benefit from additional support services that the Group may be able to offer.**

Before you agree to your information being shared, please note:

- You can give this information sheet and consent form to a support person to assist you with your choice.
- We will only share your information within the Group to allow us to better provide care and support services to you.
- If there is a reason to share your information with anyone else, we will contact you to talk about this and, if possible, obtain your agreement. This can include sharing your information with another Group in Queensland or other support services if you move from Ipswich.
- You can change your mind about sharing your information at any time.
- Your information will be managed by the Care Coordination Facilitator and held in a password protected Client Management System provided and overseen by the Department of Housing.
- The Group will manage your personal information in accordance with all relevant privacy laws.
- All Group Members recognise the importance of your privacy and community expectations regarding the collection, use, disclosure and security of personal (including sensitive) information that may be collected during the course of providing services to you. Should you have any concerns about the management of your personal information, you should contact your Referring Worker in the first instance.
- You can request access to your personal information that is shared at any time through your Referring Worker.

**I agree to have my details shared with members of the Care Coordination Group and associated service providers.**

OPTIONAL: I do not want my information shared with the following services or individuals:

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I have discussed this *Consent Form and Client Information* sheet with my support persons, and have made them aware that their personal information may also be shared among the Group.

Yes  No

**I understand that my de-identified information will be used for research, reporting and evaluation purposes. I consent to my anonymous data being used in case studies as part of this requirement.**

**I consent to being contacted after I have been supported by the Care Coordination Group as part of ongoing evaluation of the Service Integration Initiative.**

Name: ..... Date: .....

Signed: .....

**OR (for use by Referring Worker)**

**Verbal consent provided by Client** Time:.....am/pm Date:.....  
 By  Phone  SMS  Email

Client Name: .....

Verbal consent obtained by (Name and Organisation): .....

Signature of worker obtain verbal consent from client: .....