



Client Consent Form

(for adults 16 years and above)

To provide you with the right support, we need to collect personal information, including information on your emotional and mental health and wellbeing support. We also collect statistical information that does not identify individuals to give to our programs' funders. All personal information is collected and stored to ensure privacy and confidentiality, and is only used for the purpose of reporting, evaluation and to ensure quality of service.

Person providing consent (*please tick one*):

Adult (aged 16 years and over)

Child/Adolescent aged under 16 years (Independent status – where parent/guardian consent is not required or has not been sought)

Client Consent

I have read and understood **drummond street services' Client Rights and Responsibilities** information. I understand the nature of the service I will be receiving, my rights and responsibilities in relation to this service and the limits regarding my personal information and confidentiality. I am aware that statistical information (that will not identify me) is being collected, stored and used to assist in improving this service and for reporting purposes.

- ☐ I consent for my personal information to be collected, used and disclosed in accordance with **drummond street services' Client Rights and Responsibilities** information.
- ☐ I agree to de-identified information being shared, when appropriate, within **drummond street services** and transferred to our funders as required.
- ☐ I am willing for my de-identified information to be used for the purposes of research and evaluation conducted by **drummond street services** and our funding agencies.
- ☐ I am willing for my child(ren)'s de-identified information to be used for the purposes of research and evaluation conducted by **drummond street services**.
- ☐ I am willing to be contacted at a later date to participate in evaluation and/or research.
- ☐ I am willing to be contacted at a later date about programs being offered at **drummond street services**.

I also consent to being contacted by **drummond street services** by the following: (*please tick*)

- ☐ Email ☐ Telephone ☐ SMS ☐ Postal mail (to home or other nominated address)

Client Name:

Date:

Client Signature*:

** If completing this form as a PDF using [Adobe Acrobat Reader](#), use the Sign Document tool to insert your signature.*



Practitioner

I have discussed the **Client Rights and Responsibilities** information with the above-named client and am satisfied that they understand the proposed collection, uses and disclosure of personal information related to the service, and they have provided consent to these.

Practitioner Name:

Date:

Practitioner Signature*: