

CLIENT DISCLOSURE CONSENT FORM

Privacy Statement for Collection of Personal Information

Te Hau Āwhiowhio o Otangarei Trust is a Not for profit - Urban Maori Provider that has a number of services some of which are contracted through Government Contracting. Our contracts require that we collect some information about your family/whānau during our service provision Pathway.

The Privacy Act 2020 requires us to tell you that:

- This information is being collected to provide Trust services to you and your family/whānau.
- Your personal information will only be shared with agencies/services involved in your case, or if we are required by law to release that information.

Under the Privacy Act 2020, you have the right to request in writing the information Te Hau Āwhiowhio o Otangarei Trust holds about you and to ask us to correct that information.

Giving your consent

This consent form sets out the choices you have when you engage with the Trust services process. It also explains how your personal information will be used. If you do consent to your information being shared, you have the right to change your mind at any time.

I understand and agree that:

1. The person/agency, service organising the meeting has explained the Trust process and its possible benefits to me.
2. I can decide to no longer take part in the Trust services at any time.
3. Information about my whānau/family's Te Hau Āwhiowhio o Otangarei Trust process will be used for statistical purposes, but only information that does not identify any member of my family/whānau.
4. The referring Kaimahi explained the complaints process to me. If I make a complaint, Kaimahi that take part in Te Hau Āwhiowhio o Otangarei Trust Pathway will follow their Organisation complaint procedure.
5. My family/whānau can choose to bring support people to the meeting/appointment.
6. I can make suggestions about the meeting venue, cultural protocol to follow at the meeting, and any other needs I may have, such as translators, disability access, etc.
7. I am entitled to a copy of this consent form.

I acknowledge that the information contained herein is confidential and, pursuant to the Privacy Act 2020, will only be strictly used by the Te Hau Awhiowhio o Otangarei Trust team to effectively care for myself and/or my child and not used or distributed for any other purposes. Representatives from the social services procurement team which includes the Ministry of Social Development, Te Kāhui Kāhu Social Services Accreditation and Oranga Tamariki may view this information as part of the programme assessment process.

Name:

Signature:
(whanau / caregiver / parent)

Name:

Signature:
(Kaimahi / Trust staff)

Date:

Please send this consent for to referrals@otangarei.org with the referral form.

Note: This form is to be completed by the family/whānau **before** the first meeting.

Please name or write YES to all services and agencies involved with your family/whānau

In the third column, please write Yes or No beside those agencies you consent to participating in the Trust pathway (THA)

SERVICES AND AGENCIES	PLEASE INDICATE <u>ALL AGENCIES/ SERVICES CURRENTLY INVOLVED WITH YOUR FAMILY/WHĀNAU</u>	I CONSENT FOR <u>THESE AGENCIES / SERVICES TO PARTICIPATE IN THA PATHWAY - YES OR NO</u>	WORKER'S NAME AND CONTACT DETAILS (REQUIRED FOR SENDING OUT MEETING INFO)
TE HAU ĀWHIOWHIO O OTANGAREI TRUST SERVICES	Currently involved with my family/whānau	Consent to participate in THA pathway	Worker's name and postal or email address
Financial Mentoring / Money Mates			
Kainga Whanau Ora – Navigators			
Taiohi Ararau / Passport To Life			
Social Services – Social Workers			
Hauora Services – GP, Nurses			
Rakau Maaro Programme			
Rakau Rangatira Membership			
Hakinakina – Health & Fitness			
EDUCATION	Currently involved with my family/whānau	Consent to participate in THA pathway	Worker's name and postal or email address
Early Childhood Education Services			
Primary school(s)			
High school(s)			
School support services (eg RTLB)			
Group Special Education			
Community-based education support services (eg Social Worker in School)			
Other (eg Truancy Service etc)			

HEALTH	Currently involved with my family/whānau	Consent to participate in THA Pathway	Worker's name and postal or email address
Early childhood (eg mothers and babies)			
School aged (eg CFSS, public health nurse)			
Adolescent (eg Youth Specialty Services)			
Adult health services (eg adult mental health)			
ACC			
Doctor			
Other (eg needs assessors)			
WELFARE and JUSTICE	Currently involved with my family/whānau	Consent to participate in THA pathway	Worker's name and postal or email address
Police			
Child, Youth and Family Services			
Courts			
Probation			
Community-based social and support services (eg child/family support services, counselling)			
Other			
INCOME and EMPLOYMENT	Currently involved with my family/whānau	Consent to participate in SF process	Worker's name and postal or email address
Work and Income			
Training providers			
Community-based employment/training service (eg youth work services)			
Other			

HOUSING	Currently involved with my family/whānau	Consent to participate in THA pathway	Worker's name and postal or email address
Housing New Zealand Corporation			
Whangarei District Council			
Other (eg residential setting, private rental)			
COMMUNITY (Agency name)	Currently involved with my family/whānau	Consent to participate in THA pathway	Worker's name and postal or email address