

Information sharing consent form

(for adult victim survivors only)

Part 5A of the *Family Violence Protection Act 2008* provides a clear legislative basis for prescribed Information Sharing Entities to request and share information to assess and manage family violence risks.

Information Sharing Entities play a role in responding to family violence and include Victoria Police and specialist family violence services.

Why is information sharing important?

Sharing information is important so relevant services can work better to keep perpetrators in view and keep you (and if applicable your children) safe. Information will only be shared where it is necessary to assess and manage the risks of family violence.

Why am I being asked to fill out this consent form?

Because we have concerns for your safety, we would like your consent to share confidential information about you with other service providers that are legally allowed to receive that information because of their role in assessing your risk, or managing your ongoing safety.

Please note in cases of serious threat or where your information is linked to assessing and/or managing the family violence risk to a child victim survivor, the law permits information to be shared about any person without consent. Where possible and safe to do so, you will be informed about any disclosure of your information to other Information Sharing Entities. Your views and wishes will also be taken into account where possible.

By signing this consent form, you are giving permission for your information to be shared with other Information Sharing Entities for the purposes of assessing and managing family violence risks.

You may be contacted by other Information Sharing Entities that hold information about you to seek your consent to share that information. You can indicate your preferred method of contact on the consent form below.

Your information will **not** be shared with the perpetrator of family violence and it will be held securely by the relevant Information Sharing Entity. You have the right to withdraw your consent at any time.

Information sharing consent form

Name: _____ DOB: _____

Address: _____

I _____ (name) consent to the collection, use and sharing of my personal information under Part 5A of the *Family Violence Protection Act 2008*. I understand that my information may be shared without consent if there is a serious threat to myself or another individual's life, health, safety or welfare. I also understand that my information may be shared without consent if it is relevant for assessing or managing risks to a child victim survivor of family violence.

Signature: _____ Date: _____

Name (print): _____

Worker signature: _____ Date: _____

Worker name (print): _____

Verbal consent obtained: Date: _____

Please indicate your preferred contact method:

Mail: _____

Email: _____

Telephone: _____

Would you prefer to be called from a private number?

What is the best day and time for us to call:

Text message: _____

A message left with an authorised person for you to return the call:

Authorised person contact details: Full name, relationship, telephone:
