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| Intensive Support Team – Consent VIN-CoS Program |
| *Consent for the VIN to collect and/or release personal information with relevant persons and/or organisations* |
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#  Purpose of this form

The Department of Families, Fairness and Housing, Intensive Support Team - Victorian’s Ineligible for NDIS (VIN) Program may provide support to Victorian’s living with disability who have complex needs and/or circumstances. Prior to any VIN Intake, the client, their Guardian and/or the care team should have attempted to explore all avenues of service delivery and have exhausted all these options in the first instance.

To provide support, the VIN will need to collaborate with providers and team members. Completion of this form confirms the client and/or their Guardian is aware of the actions to be performed by VIN and consents.

**This form should only be completed after initial contact/consultation with the team regarding the appropriateness of the referral.**

**Email:** VINCOS.enquiries@dffh.vic.gov.au

# Parameters of consent

The VIN functions may include:

* Sharing information with and retrieving information from the Visa Entitlement Verification Online (VEVO) system for the purpose of conducting visa checks against program criteria.
* Sharing information with, and retrieving information from the education, specialist and health departments for the purpose of conducting a Target Group Assessment for eligibility.
* Receiving information from, and sharing information with, any of the care team listed below; this may include general information or the sharing of assessments and reports that relate to disability support needs.
* Sharing information with, and retrieving information from Providers and relevant government departments, for the purpose of providing services on behalf of the state government
* Exploring potential referrals to other organisations or supports

## Persons relevant to this consent

Please detail in the table below the parties to whom you are consenting for the VIN Program to exchange (receive and share) information with. This should include all relevant members of the client care team such as the Support Coordinator, Behaviour Support Practitioner, Social Worker, Teacher, Interpreters, family members and significant others involved in the client’s life.

If this form is being completed by a party other than the client they should also be identified.

Please note that you may just complete the ‘Agency/Organisation’ field as appropriate

| **Name and role** | **Agency/Organisation*****\*This column must be completed\**** | **Contact details** |
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|  | Any additional agencies/organisations who may become involved in the care of the client during the period of consent. |  |

# Manner of consent

Please complete **one** of the below sections to confirm consent to the supports outlined above.

## Signed client consent

|  |  |
| --- | --- |
| Name of client |  |
| Client DOB |  |
| Period of consent | START DATE **TO** END DATE. |
| [ ]  | *By checking this box I confirm that I am providing informed consent to the supports detailed herein.* |
| Date |  |
| Signed |  |

## Signed consent from client’s Guardian or Representative

|  |  |
| --- | --- |
| Name of client |  |
| Client DOB |  |
| Period of consent | START DATE**TO** END DATE. |
| Name of Guardian/Rep |  |
| Relationship to client |  |
| [ ]  | *By checking this box I confirm that I am providing informed consent to the supports detailed herein being delivered to the client.* |
| Date |  |
| Signed |  |

## Verbal consent confirmation by Third Party

|  |  |
| --- | --- |
| Name of client |  |
| Name of Guardian/Representative and relationship to client *(if providing the consent)* |  |
| Client DOB |  |
| Period of consent | START DATE**TO** END DATE. |
| Third Party confirming consent (name and title) |  |
| [ ]  | *By checking this box I confirm that the client and/or their guardian or representative was made aware of the information contained in this form outlining the functions of VIN and the parameters of consent. The client/Guardian/Representative provided their consent to me verbally.* |
| Date |  |
| Signed |  |

Information obtained by the department will be stored securely and be retained as confidential as per the *Disability Act 2006, Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

If the client or guardian wish to withdraw their consent before the date entered above this may be done by contacting a VIN team member or by emailing VINCOS.enquiries@dffh.vic.gov.au

# CRIS Privacy Notice

#### How we protect your privacy when providing coordinated services

#### The law protects your privacy

The Department of Families, Fairness and Housing is providing services to you in partnership with community service organisations. The information we collect about you is protected by law.

We collect only what is necessary to provide services to you. If you choose not to give us the information we need, we may not be able to provide the service you need. We do not share your information with each other, or disclose it to anyone else, unless the law allows it or you have given your consent.

The Health Records Act 2001 protects information about your health, and the Privacy and Data Protection Act 2014 protects all other information about you. Depending on the service you are receiving, other legislation may also regulate how we handle your personal information.

#### Our computer system protects your privacy

Within the Department of Families, Fairness and Housing, your information is held in an electronic client information and case management system known as the Client Relationship Information System (CRIS).

CRIS helps us to:

* Provide community care and disability services
* Work with community service organisations to provide coordinated services
* Provide advice and information to members of the community about the services available to them
* Produce data that can be used for planning, funding, monitoring and evaluating the services they provide.

CRIS has built-in privacy safeguards. These safeguards limit the information collected about you; restrict who can get access to it; detect possible misuse; guide staff in seeking consent; and ensure that records are updated when your circumstances change.

#### We offer coordinated services while respecting your privacy

You may already be receiving other services from the Department of Families, Fairness and Housing or one of our service partners. If not, perhaps you may require other services from us in the future. We want to ensure that these services are coordinated so that we are better able to meet your needs.

To provide you with coordinated services while safeguarding your privacy, the workers you deal with, whether employed by the Department or by one of our service partners, may use CRIS to see a small amount of standard, strictly limited, identifying information about you.

The information they see is known as the **‘Common Client Layer’** and is confined to your name and contact details and the names and contact details of your authorised representative (if you have one) and of the workers who are currently assisting you. If there are any urgent or serious matters concerning you that require particular attention and care, these are also recorded.

If you are concerned about your name and contact details being made available through the Common Client Layer, please inform workers who are currently assisting you.

Upon finding out who else is assisting you, the workers you deal with can coordinate their efforts. If you nominate an authorised representative, all workers will know who that person is. If something significant happens to you, or you change your name or address, all workers can be simply and quickly informed as you wish.

The Common Client Layer does not include any information about the services you are receiving or why, or the content of any discussions you have had with anyone. Unless the law allows it, a worker who is providing one service to you cannot get further information about any other service you are receiving without your consent.

#### More information about your privacy

There are a number of ways you can get more information about your privacy and how it is protected.

Ask any worker you deal with. If unable to answer your question, they should put you in touch with someone who can.

Ask for a copy of the Department of Health and Human Services Privacy Policy, or find it on our website at [www.dhhs.vic.gov.au/privacy](file:///C%3A/Users/aree1207/Downloads/www.dhhs.vic.gov.au/privacy)

Contact the Health Services Commissioner (to find out more about the handling of health information) or the Victorian Privacy Commissioner (to find out more about other information held about you).

Health Services Commissioner: tel. 1800 136 066, website [www.health.vic.gov.au/hsc](http://www.health.vic.gov.au/hsc)

Victorian Privacy Commissioner: tel. 1300 666 444, website [www.privacy.vic.gov.au](http://www.privacy.vic.gov.au/)

#### Access to your information

You may ask for access to the information we hold about you, though the law sets out circumstances where we may not, or must not, let you see it. Also, we may charge you. To save time and costs, it is a good idea to talk to your case worker before putting in a formal request. For further advice and assistance, contact your nearest regional office, call our central office on 9616 8449, or visit our website at [www.dhhs.vic.gov.au/foi/](http://www.dhhs.vic.gov.au/foi/)

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