**Client Consent to Collect Personal Information**

I (client name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print)

Of (address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print)

consent to **Port Phillip Community Group** collecting and keeping information about me that is necessary to provide the most appropriate service for my needs. This may include:

* Personal information that identifies me such as name, address, date of birth, phone number and Centrelink CRN
* Sensitive information such as the country I come from, racial or ethnic group, health information and legal infringements

I have been informed that **Port Phillip Community Group** has a privacy policy and that I can ask for a copy and that in accordance with this policy:

* My personal information will be used to assist in providing me with appropriate services
* My personal information will not be passed on to other organisations or individuals without my permission, unless necessary to prevent or lessen a serious and imminent threat to my or another person’s life, health or safety or if disclosure is required by or under law
* **Port Phillip Community Group** will take reasonable steps to protect my personal information
* My personal information will be de-identified and provided to funding bodies for the purposes of research and evaluating programs
* I can ask the worker or coordinator to see my personal information and request that my information be corrected
* If I think my privacy has not been protected I can make a complaint

File Destruction Authority

As a community service organization we must keep all files for seven years from the date when you last received service from **Port Phillip Community Group**. Because people move and it may be difficult to get your approval after 7 years, we ask for your permission now to destroy your file when the time comes.

I consent to **Port Phillip Community Group** destroying my file after seven (7) years from the date of closure of the file.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_