## Authorisation to disclose personal information

Under the *Information Act* 2002, the Department of Territory Families, Housing and Communities cannot supply your personal information to anyone without your consent.

If you wish to consent to the release of information to a particular person or organisation, please complete and sign this form.

Kuongea nasi katika lugha nyingine mbali na Kiingereza, pigia simu huduma ya ukalimani kwa 131450 Para falar connosco em outro idioma além do inglês, chame o serviço de intérprete no 131450. Muốn nói chuyện với chúng tôi bằng các ngôn ngữ khác ngoài tiếng Anh, hãy gọi dịch vụ thông dịch qua điện thoại số 131450. หากต้องการสนทนากับเราในภาษาอื่นที่ไม่ใช่ภาษาอังกฤษ กรุณาโทรไปที่บริการล่ามทางโทรศัพท์ หมายเลข 131450 เท่าถึกเกษสุกชนิธิเพนสนุธชนิธิเพนสนุธชนิธิเพนสนุธชนิธิเพนสนุธชนิธิเพนสนุธชนิธิเพนสนุธชนิธิเพนสนุธชนิธิเพนสนุธชนิธิเพนสนุธชนิธิเพาสุชิชิเพาสุธชนิธิเพาสุธชนิธิเพาสุธชนิธิเพาสุธชนิธิเพาสุธชนิธิเพาสุชิชิชินิธิเพาสุธชนิธิเพาสุธชนิธิเพาสุชิชิชิชิชิชิชิชิชิชิชิชิชิชิชิชิช

1. Applicant details							
This authorisation is valid from the date of my signature on the reverse of this form:							
$\square$ A single disclose for 30 calendar days			$\square$ Ongoing case for a period of up to 12 months				
Title □ Mr/ □ Mrs/ □ Miss/ □ Ms/ □ Other:				Date of birth	/ /		
Full name							
Mobile number				Telephone B/H			
Email address							
Residential Address							
Address							
Postal Address							
Preferred contact method		☐ Phone		] Mail	□ Email		
2. Advocate or agency details							
Advocate or agency (Full name)							
Relationship				Mobile number			
Email address				Telephone B/H			



3. Specific information to be provided						
Please attach additional pages if more space required						
4. Client authorisation						
l,		(Full name)				
authorise the release of the information described in section 2 to the person(s) or organisation named on this form. I understand that:						
<ul> <li>Information will only be disclosed to the advocate or agent I have nominated to act in my</li> </ul>						
<ul> <li>interests for the nominated period on the front of this form</li> <li>My personal information will be treated in a confidential manner in accordance with the</li> </ul>						
<ul> <li>Information Privacy Principles at schedule two of the Information Act 2002</li> <li>I am able to access and correct any information held about me</li> </ul>						
And • I can withdraw this consent at any time.						
Signature	Date	/ /				
5. Disclaimer						
The Department of Territory Families, Housing and Communities only collects personal information which is reasonably necessary, or related to, its functions and activities. If you do not provide the Department with the requested information, we may not be able to provide you with the services or assistance that you are seeking. The information collected will be handled as outlined in our Privacy Policy, which is available on tfhc.nt.gov.au or can be requested by contacting the Department. By providing your personal information in						
		this form, you consent to the collection, use, storage and disclosure of your personal information as described				

in our Privacy Policy. You have a right to seek access or correction of any information we hold about you. If you have any queries or concerns about how your personal information is collected and used, please contact

the Legal and FOI Unit on (08) 89992602.

## Authorisation to disclose personal information

6. Office use only					
Information released? $\square$ Yes $\square$ No	Release date / /				
Released by (name and position)					
Signature					
Once complete, place this form on the client's group file – For Housing also note on TMS.					