



# Privacy Consent Notice Young Person (Parent/Guardian)

The purpose of this form is to inform you about our collection and management of your child's personal information. We will also ask you to consent to us collecting your child's sensitive information, particularly health information.

This form is for a person who is not yet an adult and who does not have capacity to consent to collection of their sensitive personal information. It should be completed by a parent or legal guardian who has authority to act on their behalf.

## Part A

### Collection and Management of Personal Information

To provide a service to your child, Open Arms will need to collect your child's personal information. The personal information collected may include some personal information of you as a parent or guardian. Personal information is collected for the purposes of assessing your child's eligibility for Open Arms services and providing your child with Open Arms counselling services.

Open Arms is a counselling service administered by the Department of Veteran's Affairs (DVA). When we collect personal information for the purpose of providing your child with Open Arms counselling services it is stored separately from other DVA records, on a separate system.

You do not have to disclose personal information to Open Arms, however Open Arms can only work with the information you provide and if you choose not to provide some information this may limit the services your child receives. For example, we can only work with your child's health providers if you tell us about them and consent to us talking to them.

The Open Arms worker allocated to your child will be able to access both your child's current and previous Open Arms records.

We may use your child's personal information to create aggregated, de-identified data for research, service improvement and reporting purposes.

We may ask for your consent to share your child's personal information with another person for the purpose of assisting us to provide your child with counselling services. A corporate entity can be a person for this purpose. You can change your consent at any time by completing a *Change Consent to Collect, Use and Disclose Information* form (D9405).

Open Arms may disclose your child's personal information without your consent in certain circumstances as permitted under the Commonwealth *Privacy Act 1988*, for example, if:

- we believe it is necessary to lessen or prevent a serious threat to the life, health or safety of you, your child or another person;
- it is necessary for the enforcement of the criminal law; or
- it is required or authorised by a law or an order of a court or tribunal.

DVA, including Open Arms, must handle your child's personal information in accordance with the *Privacy Act 1988* and the Australian Privacy Principles (APPs). For more information on how DVA manages personal information, please visit <https://www.dva.gov.au/privacy-policy> or contact us online to request a copy of our Privacy Policy through <https://www.openarms.gov.au/about/contact-us-feedback>.

## Referral to a Health Provider

If Open Arms refers your child to a Health Provider to provide Open Arms Services, we will provide your child's personal information, including a concise health history, to the provider so they can provide Open Arms services to your child. The Health Provider will need to collect your child's personal information (including sensitive personal information). You can approach the provider for information on how they manage personal information.

## Accessing your child's information

Under the *Privacy Act 1988* and the *Freedom of Information Act 1982* you have a right to request access to your child's personal information held by Open Arms. You may also ask us to make changes if you think that personal information is incorrect.

Requests for access should be made:

- in writing to: National Information Access Processing Team  
Department of Veterans' Affairs  
GPO Box 9998  
Brisbane QLD 4001

or

- by email to: [information.access@dva.gov.au](mailto:information.access@dva.gov.au).

An *Information Access Application Form* (D8601) is not required, but can be used to make a request. Form D8601 is available at

<https://www.dva.gov.au/about-us/dva-forms/information-access-application-form>.

Requests can also be made in writing directly to Open Arms.

## Part B

## Consent

### 1. Client's (Child's) name

Surname

Given name(s)

### 2. Client's date of birth

### 3. Client's address

Postcode

### 4. Authority to sign on behalf of the client

Parent

Guardian

### 5. Parent's/Guardian's name

Surname

Given name(s)

### 4. Details of persons you consent to give and receive your child's personal information

	Name	Phone number	Regarding (specify any limits to information that can be shared)
Next of Kin			
Psychiatrist			
GP/MO			
Allied Health			
Other(s) (specify role)			

---

**7. Consent**

- I have read and understood the information in Part A.
- I understand that I can withdraw my consent in writing at any time. This can be by email.
- I understand that I may ask Open Arms to change personal information contained in my child's file if I think it is incorrect.
- I understand that this consent lapses 12 months after I sign it.
- I give consent for Open Arms to collect my child's sensitive personal information for the purpose of providing my child with Open Arms services.
- I give consent for Open Arms to disclose my child's sensitive personal information to the people listed in this form.
- I understand I can limit the personal information to be collected from or disclosed to any of the people listed in this form.
- I understand that I can change my consent for Open Arms to collect information about my child from another person or to disclose my child's personal information to another person, now or at any time by completing a *Change Consent to Collect, Use and Disclose Information* form.

**Parent's/  
Guardian's  
signature**



Date

---

**OFFICE USE ONLY**

1. A new form is required for each Episode of Care.
2. A new form must be completed if changes are required by the client during an Episode of Care.
3. Consent can be withdrawn by the client at any time.
4. This consent lapses 12 months after being signed by the client and must be replaced if the client is in an ongoing episode of care.
5. The client must be given a copy of the signed form, if requested.
6. The clinician must scan the signed form and attach it to the client's electronic record.