



**Note:**

- Your consent covers the period for which you are participating in the Wellbeing and Support Program, and therefore is time limited.
- If you participate in the Wellbeing and Support Program in the future, your consent will again be requested.
- Consent can be withdrawn by you at any time, by advising DVA in writing.
- You will obtain a copy of your signed consent form.

**Privacy notice**

- Information collected on this form is for the purpose of providing case management services to you.
- Information related to the Wellbeing and Support Program may be used to evaluate the effectiveness of the program.
- Information collected on the form may be disclosed to persons and/or organisations identified by you on this form or otherwise as authorised by the *Privacy Act 1988*. Further information on DVA's policy on privacy can be found at: <https://www.dva.gov.au/privacy>

I  (client name)

of  (full address)

as of  /  /  (date)

Tick all that apply:

- Consent to participate in the Wellbeing and Support Program
- Consent to participate in the evaluation of the Wellbeing and Support Program
- Consent for the appointed Case Manager to obtain from and provide information to the following stakeholders and health care professionals/agencies, as listed below

	Name	Phone No.	Regarding (specify any limits to information that can be shared)
<b>Agency</b>	<b>Department of Veterans' Affairs</b>	<b>N/A</b>	
<b>GP/ Treatment Provider</b>		[ ]	
		[ ]	
		[ ]	
		[ ]	
		[ ]	
		[ ]	
		[ ]	
		[ ]	
		[ ]	
<b>Family member/ or support person</b>		[ ]	
<b>Other/s (specify role)</b>		[ ]	
		[ ]	
		[ ]	

**Current serving Defence clients only**

	Name	Phone No.	Regarding (specify any limits to information that can be shared)
<b>Defence Electronic Record</b>	<b>Department of Defence</b>	<b>N/A</b>	
<b>Defence Clinicians</b>		[ ]	
		[ ]	
		[ ]	
		[ ]	
		[ ]	

**Confirmation of informed consent**

I acknowledge that my rights and responsibilities have been explained to me by my Case Manager. The details of the stakeholders and professionals/agencies listed in pages 1 and 2 are correct to the best of my knowledge. I will inform my Case Manager in writing if any of these details change or if I no longer allow them to be contacted.

**Client signature**

Date

**Case Manager signature**

Date

**DVA would also like your permission to have an alternative contact in case we cannot contact you**

Name

Relationship

Contact [ ]

Email