

Your personal information (**your information**) is protected by law, including by the *Information Act 2002* (NT) (**the Act**) and the Information Privacy Principles in **the Act**.

THIS CONSENT permits your personal information to be collected, used and disclosed by the Northern Territory Government for the purpose of your referral to, and participation in, the Back on Track Program (**the Program**), in order to:

- assess whether YOU can participate in **the Program**
- to administer and manage YOUR participation in **the Program**;
- provide support or services to YOU and your family during your time in **the Program**
- monitor and evaluate the services provided to YOU by us and our service providers for **the Program**

For the purpose of THIS CONSENT, **your information** may include types of personal information such as:

- health information, for example information about your physical or mental health or any disability
- sensitive information, for example information about your race or ethnic origin or criminal record

Your information may be **collected from** and **given to** organisations for the purpose of your involvement in the Program including:

- Northern Territory Government agencies (such as Territory Families, the Department of Local Government Housing and Community Development, Northern Territory Police, the Department of Education, the Department of Health)
- Contracted service providers of the Northern Territory Government
- Relevant Commonwealth agencies

Where **your information** is shared with service providers for the purpose of **the Program**, we will ensure that service providers also comply with privacy legislation in dealing with **your information** and will only use **your information** for the purpose for which you gave THIS CONSENT.

Your information may also be used or given to other third parties if required by or authorised by or under an Australian law.

THIS CONSENT covers the duration of the time that YOU are involved with **the Program**, from the referral phase (when assessments are carried out for your eligibility and acceptance to **the Program**) to your completion of **the Program** (including any evaluation period).

Additionally, you may be required to provide further consent to the service providers supporting YOU through **the Program** to enable you to engage and participate in **the Program**.

The information collected may also be used for another purpose, that is, to help to see how helpful **the Program** is to you or other young people. In that case, the information will be de-identified and may be used to report on **the Program** outcomes, research, assessment and evaluation.

YOU have the right to ask for access to **your information** and ask that we correct that information. **YOU** have the right to make a complaint to us about how we have handled your personal information. **YOU** can do this by contacting the Youth Services Directorate by email at TFHC.BackOnTrack@nt.gov.au or write to us at PO Box 37037, Winnellie NT 0820.

All information is stored on secured computers that are password protected and have security systems in place to protect **your information**. All paper based copies (if any) will be securely stored.

YOU DO NOT HAVE TO SIGN THIS CONSENT FORM but if we do not have your consent to collect, use and disclose your information for the purpose of **the Program, you will not be able to participate in the Program.**

REFERRER TO COMPLETE:

I, (print name), am employed by/ volunteer for/
consult with (referring organisation name).

Full name of young person being referred
Date of Birth/...../.....

I am of the opinion that the participant (**Minor**) Territory Families is requesting consent from **does not** have the sufficient maturity and understanding to provide consent and a **legal guardian of the Minor** will be required to provide consent on behalf of the minor: Yes No (if yes, legal guardian to consent)

OR

I am of the opinion that the participant (Minor) Territory Families is requesting consent from has the sufficient maturity and understanding to provide that consent: Yes No (If yes, Minor to consent)

I have explained to (minor's name/ legal guardian's name)

- that informed consent is required for acceptance into **the Program** Yes No
- what personal and sensitive information will be disclosed during the initial referral into **the Program** Yes No
- what personal and sensitive information will be disclosed during participation in **the Program** Yes No
- why we disclose information about minors Yes No
- who the information may be sought from Yes No
- who the information will be shared with Yes No
- who the information will be disclosed to Yes No
- how the information is stored Yes No
- and he/she has indicated understanding of that information Yes No

I am (role of worker):

Program: Back on Track

Interpreter used: Yes No Language (if applicable):

Interpreter ID Number (if applicable):

Signature: Date:/...../.....

CONSENT:

I,, /or legal guardian of have read or had explained to me and understand the matters in this Consent Form and agree to consent to personal information, including health information and sensitive information, to be collected, used and disclosed in accordance with this Consent Form.

Signature: Date:/...../.....

CONSENT TO DISCLOSE MEDICAL INFORMATION

This form is used to confirm that you consent to your treating health professionals and/or health providers disclosing relevant information about your disability or medical conditions to the Northern Territory Government, Territory Families (the Department), or approved service providers engaged by the Department.

We need medical information from your treating health professionals to help us understand how your conditions may affect you and to correctly assess your eligibility to participate in the Back on Track Program.

If more information is needed to assess your capacity to participate in the Back on Track Program, the Department or approved service providers engaged by the Department may contact your treating health professionals and/or health providers to confirm or clarify information you provide about your disability or medical conditions.

This may include contact with any health professionals (including your treating doctor) and/or health providers who have examined, diagnosed or treated your disability or medical conditions which are relevant to your eligibility to participate in the Back on Track Program, for example:

- Diagnosis of any conditions which would significantly affect your capacity to engage or participate
- Details of treating health professional (s) who diagnose each condition, including names and contact details
- Details of any past, current and planned treatment for your conditions
- Symptoms of your conditions (how they affect you now, and how they may affect you into the future, with treatment)

Your treating health professionals and/or health providers may be asked to disclose any medical information relevant to assessing your eligibility. This includes medical and specialist reports, clinical notes, medical records or other information, and any barriers that may affect your ability to participate in the Back on Track Program, for example:

- Medical history records, such as a patient health summary signed by your GP
- Medical specialist such as an ear, nose and throat specialist, psychiatrist or ophthalmologist
- Treating health professional such as physiotherapist, psychologist, occupational therapist or audiologist.

Your treating health professionals and/or health providers may ask for confirmation that you have consented for them to disclose your medical information to the Department or assessors engaged by the Department.

You can complete the Consent to disclose medical information statement on this form to provide your consent, and the Department will show this to your treating health professionals and/or health providers if requested.

You can withdraw your consent at any time by advising the Department. However, if your treating health professionals or health providers do not disclose relevant medical information when requested, the Department may not have enough information to assess your eligibility to participate in the Back on Track Program.

CONSENT TO DISCLOSE MEDICAL INFORMATION:

I (full name):, /or legal guardian of

give consent for my/my child's treating health professionals and/or health providers to disclose any relevant information about my/my child's possible disability or medical conditions to the Northern Territory Government, Territory Families (the Department), or approved service providers engaged by the Department, if required to assess my eligibility to participate in the Back on Track Program. Consent is granted for the period that I am/my child is a participant.

Signature:

Date:/...../.....