

**Client referral and consent form**Client name: **Things for the worker to consider**

Consent should only be obtained if the client is:

 sober and not intoxicated     of sound mind and their decision-making is not impaired.**Things the client needs to know**

We respect your privacy, however in order to give you the best possible service we may need to share your personal information with other organisations, or obtain your consent to provide additional support to you.

Before sharing information with other support services, we will discuss it with you first and gain your permission. No information will be passed on to other services and organisations if you do not agree.

You have the right to cease assistance from our service at any time. You can stop working with any other services we refer you to at any time too. To end this consent you simply need to let us know or advise other services directly yourself.

While we respect and protect your privacy, there may be times when we or another service provider are required by law to alert the police or other services. For example, if you say anything that raises a concern about possible harm to yourself or others, or where there are concerns about the safety of yourself or others, the law allows for information to be shared without consent, and expects service providers to do so.

**Client consent**

of   
(cell visitor staff member) (service)

**I confirm that**

(name of client)

**has provided verbal consent for:**

- a referral to a support service  
 their personal details to be used so that the following additional supports can be provided to them:

 family members contacted banking be undertaken personal belongings collected other  
(provide details)

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If the client requires additional support, tick the appropriate services in the table below. A referral may only be made to appropriate services after obtaining client consent.

**Please indicate whether the client would like to be referred to any of the support agencies listed below.**

<b>Yes</b>	<b>Service name/type</b>	<b>Name of service</b>
<input type="checkbox"/>	Legal services (e.g. Legal Aid, ATSI Legal Service)	<input type="text"/>
<input type="checkbox"/>	Justice services (e.g. parole, court support)	<input type="text"/>
<input type="checkbox"/>	Homelessness/housing services	<input type="text"/>
<input type="checkbox"/>	Aboriginal and Torres Strait Islander cultural groups	<input type="text"/>
<input type="checkbox"/>	Medical/doctor (local GP, hospital)	<input type="text"/>
<input type="checkbox"/>	Disability services (e.g. NDIS)	<input type="text"/>
<input type="checkbox"/>	Welfare services (e.g. Centrelink)	<input type="text"/>
<input type="checkbox"/>	Alcohol and drug services (e.g. detox/rehab)	<input type="text"/>
<input type="checkbox"/>	Other (please provide details)	<input type="text"/>

**Client signature:**

**Date:**