

# General Consent to Exchange Information and Authority to Act on Client's Behalf

For each person and/or agency you would like to nominate to give consent to exchange information or give them authority to act on your behalf, please complete a separate form.

If you require an interpreter please advise the social housing provider, or if you are a person who is deaf, hard of hearing and/or have difficulty using your voice please visit the National Relay Service at website <https://www.infrastructure.gov.au/media-technology-communications/phone/services-people-with-disability/accesshub/national-relay-service>.

Client reference number

1800989

Application reference number

T-File number

140423648

## Personal details

Title  
Mr, Mrs, Ms, Miss, Mx  
Last name or family name

MISS

HICKS

Given name(s)

PAULA

Date of Birth

15/09/1964

Unit/House number

10

Street/Avenue

POST OFFICE RD

Town/Suburb

EBENEZER

Postcode

2756

Contact number

0428 35 40 85

Email

N/A

## Part A: Giving consent for the collection, use and exchange of information

(Complete this section ONLY if you are giving consent to a social housing provider to collect, use and exchange information with another person or agency)

### Details of the person/agency to be contacted

1. Name of person/agency

MICHELLE HOOKHAM

2. Type of Information to be collected, used and exchanged?

ANY INFORMATION ABOUT HOUSING APPLICATION IF YOU CAN'T GET HOLD OF PAULA

3. Correspondence address

Street No

6

Street/Avenue

CHRISTIE ST

Town/Suburb

WINDSOR

Postcode

2756

Contact number

+61 423 162 001

Email

health@michellehookham.com.au

4. For how long do you want this consent to last? (Select one only)

☒ For 2 years

☐ from

10 10 2025 to 10 10 2027

**Part B: Authorising a person/agency to act on your behalf** (Complete this section ONLY if you are authorising someone to act on your behalf)

5. Name of person/agency and their relationship to you (e.g. daughter, son, father, mother, doctor, service provider)

Name	MICHELLE HOOKHAM
Relationship	MENTAL HEALTH NURSE
Contact details (Address and Phone Number)	6 CHRISTIE ST WINDSOR NSW 2756 +61423 162 001

6. For how long do you want this authority to last? (Select one only)

☒

For 2 years

☐

from

10 10 2025

to

10 10 2027

**Authorisation**

I authorise the persons/agencies named on this form to exchange information about me and/or to act on my behalf in matters concerning a social housing provider according to the arrangements shown on this form.

I know that I can change my mind and stop my consent at any time by writing or telling the social housing provider unless there is a current legal order in place.

Full name (please print)

PAULA HICKS

Signature

P. Hicks.

Date

**Third Party Authorisation**

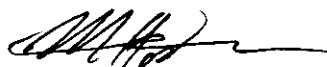
I give authority to be contacted by the social housing provider as the nominated third party, using the contact details provided in this form. I understand that my name and contact details will be used for the purpose of exchanging information about / acting on behalf of \_\_\_\_\_ in relation to obtaining/maintain accommodation and/or support. I will notify the housing provider or any change to my contact details.

I understand that this nomination can be revoked (in writing) at any time by myself, the client or by an entity with the legal authority to do so.

Full name (please print)

MICHELLE HOOKHAM

Signature



Date

10 10 2025

**Returning this form**

Check that you have answered all the questions you need to answer, and that you and the nominated third party have signed and dated the form.

Return this form and all supporting documents to your local social housing provider.



## General Consent to Exchange Information & Authority to Act on Client's Behalf

This form is to be completed by social housing clients as follows:

- **Part A:** when you give consent for social housing provider to exchange personal information with a nominated third party, and/or
- **Part B:** when you authorise a person or organisation to act on your behalf.

For information or assistance with completing this form, contact 1800 422 322, 24 hours a day, seven days a week. Please mark relevant boxes with a ☒. If you need more writing space to answer a question, please include information on a separate page and attach it to this form.

### Part A: Client Consent to exchange personal information

- To authorise a nominated third party/agency to give or receive information about you to or from a social housing provider.
- To allow a social housing provider to collect and use your personal information from a nominated third party/agency.
- To allow a social housing provider to exchange information with a nominated third party/agency.

When you sign this form you are authorising a nominated third person/agency to give or receive information about you and for information to be exchanged between a social housing provider and the nominated person. This information will be collected and recorded in your social housing provider records. Only information needed to make the best decisions to assist you in obtaining or maintaining housing and/or support will be shared.

### Part B: Authority to Act on client's behalf

To arrange for another person/agency to act on your behalf when dealing with a social housing provider.

A person/agency that is named by you to act on your behalf is authorised to deal with a social housing provider on all matters that assist you in obtaining or maintaining accommodation and support, including:

- enquiring on your behalf
- acting and making changes on your behalf that assist you in obtaining or maintaining accommodation and support
- receiving copies of correspondence
- attending social housing provider appointments with you or on your behalf.

A nominated person/agency that is permitted to act on your behalf can be a partner, a friend, a family member, or a professional/agency. This list is not limited and you may change this arrangement at any time. Authorising a person/agency to act on your behalf does not take away your right to contact a social housing provider if you need to do so.

## General Information about Privacy

Social housing providers collect personal information about you in order to make sure you receive the assistance you may be entitled to. You have a right to have that personal information kept private. All social housing providers are bound by privacy and confidentiality laws that limit who can look at information about you and when it can be given out.

## Your right to Privacy

### DCJ Privacy Notice

This notice outlines how the Department of Communities and Justice (DCJ) collects, uses, stores and discloses your personal and or health information in accordance with the *Privacy and Personal Information Protection Act 1998* (NSW) (PPIP Act) and the *Health Records and Information Privacy Act 2002* (NSW) (HRIP Act).

DCJ collects personal and or health information from time to time in connection with your application for housing services or during your tenancy for the purposes of assessing and processing your application for housing assistance and or administering your tenancy.

We may also collect information to provide you with support services, related to your tenancy or as a client of DCJ. This information may be collected from:

- you directly
- individuals who are visiting or residing at the same residential address as you
- members of the public
- Community Housing Providers
- your authorised representatives
- other third parties, for example, medical practitioners
- other NSW or Commonwealth government agencies (as permitted by law).

This information is held by DCJ, and where relevant, Community Housing Providers. The information held relates to services provided to you, including the details you provide in this document and information in other documentation completed or provided by or on your behalf, and it also relates to information you provide to our staff or Community Housing Providers (for example, during the sign-up process for your public housing tenancy).

DCJ may also use your information for data analytics, data matching and data integration on DCJ's Federated Analytics Platform (FAP). In addition to the use of your information on the FAP, this information will also support policymaking, program and service planning, delivery of targeted services for clients, program evaluation, monitoring and reporting, research and resource planning. We may also use your information within DCJ to plan, coordinate and improve the way we provide services. This includes the use of information by companies contracted by DCJ, for example, for the purposes of determining client satisfaction and related long-term service enhancement.

Intended recipients of your personal and or health information include those involved in the above activities, as well as any others who may have a lawful interest in considering your application or tenancy, including where relevant:

- DCJ
- Aboriginal Housing Office
- Community Housing Providers
- Housing Appeals Committee
- NSW Land and Housing Corporation
- The Minister administering the Housing Act 2001.

DCJ may also disclose your personal and or health information where required or permitted by law, for example:

- for purposes relating to child protection, health reasons, protection of public revenue, and or law enforcement
- to relevant statutory bodies
- to other co-tenants, authorised occupants and or visitors of the subject residential address.

The supply of your personal and or health information in this form is voluntary; however, if you do not supply us with the information we request, we may not be able to process your application, provide services to you or other individuals affected by your tenancy, or provide other forms of assistance.

You have a right of access to, and correction of, your personal and health information held by DCJ in accordance with the PPPI Act and the HRIP Act. Further information about your privacy rights are available on the DCJ website at <https://dcj.nsw.gov.au/statements/privacy.html>.