

## Sustaining Tenancies Privacy and Consent Form

We need client consent to receive support from our team, and for us to hold personal data to confirm eligibility, for monitoring, and to provide suitable support. We only share information with other agencies when it is relevant to providing support, when it is needed, and with client consent, as covered by the Privacy Act 2020 and the Health Information Privacy Code 1994.

**If you are self-referring**, please sign this form and return it to us with your referral form. If you need help with this form, please call us on 021 917 411 or 021 913 439, or email [sustainingtenancies@lifewise.org.nz](mailto:sustainingtenancies@lifewise.org.nz)

**If you are referring someone**, please complete this form with them and return it. Otherwise, please confirm their verbal agreement to the referral and to our holding their data by signing the last part of this form.

**Consents for referred whanau: name of whanau** \_\_\_\_\_

### A. Consent to referral and support

I understand that this is a referral to the Sustaining Tenancies team and that I can withdraw my consent at any time.

I understand that Lifewise will securely hold all information and may use it for evaluation, and I give consent for them to do this.

### B. Consent to information sharing and storage

We work with other services, which include (for instance):

- Kainga Ora (Housing New Zealand)
- Ministry of Social Development (MSD), including Work and Income (WINZ)
- Oranga Tamariki
- Department of Corrections
- ADHB and Social Services
- Other community housing providers and social agencies

I give permission for Lifewise to contact my referrer and other organisations supporting me for information which helps my support. Any agencies who I do not wish Lifewise to contact are named below.

I understand Lifewise will securely share information about me with the Ministry of Housing and Urban Development for reporting.

## Right to view information

Under the Privacy Act 2020 you have the right to ask to see all information that Lifewise hold about you and to ask us to correct that information. You can ask to see this information by writing to the Privacy Officer at Lifewise, P.O. Box 5104, Auckland 1010 or emailing [lifewise@lifewise.org.nz](mailto:lifewise@lifewise.org.nz).

I understand that I can request a copy of my personal information and ask for this to be corrected if needed.

## Consent name and signature

I confirm that I have read and understood this form and that I give consent to all sections.

I understand that I can withdraw my consent at any time to referral, support, or holding of data by Lifewise.

Full name (printed/capitals)

Signature

Date

## For referring agents where written consent is not provided:

I do not have written consent from my client but I have their verbal consent to this referral, and to referral information being securely stored.

Referrer's name and agency:

Date of verbal consent: