# Home Stretch WA

Provider Release of Information Form

**Introduction**

This form gives the Home Stretch WA Provider permission to gain and share information about you with others in your support circles.

The Home Stretch WA Provider cannot share your information with other people or organisations without your permission.

By signing this form, you give permission for your Home Stretch WA Transition Coach to obtain and exchange information with the following people and services.

**Agencies and Services**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency | Contact Name | Contact Details | Any Relevant Details |
| Department of Communities |  |  |  |
| Department of Housing  |  |  |  |
| Centrelink   |  |  |  |
| NDIS  |  |  |  |
| Leaving Care Provider  |  |  |  |
| GP |  |  |  |
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**Support Circles – People**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency | Contact Name | Contact Details | Any Relevant Details |
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**Emergency Contact and additional people we can use to get in touch with you**

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| --- | --- | --- | --- |
| Emergency Contact | Contact Name | Contact Details | Any Relevant Details |
|  |  |  |  |
| **Locator Contacts** |  |  |  |
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I consent to my Home Stretch WA Transition Coach obtaining and sharing information with the people and agencies listed in this form.

I have had the opportunity to discuss any information I do not want to be shared.

I understand that in some circumstances my Home Stretch WA Provider may breach my confidentiality and right to privacy without my consent. If this happens then my Home Stretch WA Provider will always attempt to consult and include me in the decision and the sharing of information. Circumstances in which this may happen are limited to;

• Where there are concerns about my safety,

• Where there are concerns about the safety of others,

• Where there are the concerns about the safety and wellbeing of a child,

• Where a court order legally requires the release of records or information.

|  |  |
| --- | --- |
| This authority to share information is provided until | Date: |
| **Name of young person** | **Signature**  | **Date:** |
| **Name of Transition Coach** | **Signature**  | **Date:** |
| **Name of Guardian/Administrator** | **Signature**  | **Date:** |