



SERVICE CONSENT FORM

Date: ____/____/____

I, _____

consent to receiving **support services** from _____, an accredited member organisation of Tautoko Tāne Male Survivors Aotearoa

I understand that any **personal information** collected in respect of the services provided will be held in confidence and in a secure location until I request it to be destroyed.

I acknowledge that **personal information** may be collected for the following purposes:

- To enable me to be provided with effective support services;
- To enable an appropriate response consequent on the receipt of any information that implies a serious threat to my safety and/or wellbeing;
- To enable an appropriate response to legitimate requests from Government Agencies that have the necessary statutory authority to request MSA to provide the information;
- To enable service audits by Government Agencies that are required to assure funding for the support services you receive.

I am aware that some **statistical information** about my support services may be collected to help Tautoko Tāne Aotearoa and its Member Organisations provide more effective support services but that this information will not be identified with me.

I am aware that Tautoko Tāne have an official **complaints process** that I can access if I have any concerns about the unconsented or unlawful disclosure of any personal information.

SERVICE USER

Name: _____ Signed: _____

PARENT/GUARDIAN (If Service user under 18)

Name: _____ Signed: _____

Service Provider

Name: _____ Signed: _____

PLEASE PROVIDE A COPY OF THE FORM TO YOUR SURVIVOR-CLIENT