



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 as provided in our records management policy.

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, or the safety and/or wellbeing of another person;
- 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