

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

This form is to be completed by Open Government, Information and Privacy (OGIP) Unit clients as follows:

- **Part A:** when you give consent for OGIP 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 assistance with completing this form, contact the OGIP Unit, Department of Communities and Justice (the Department) on (02) 9716 2662 or [infoandprivacy@dcj.nsw.gov.au](mailto:infoandprivacy@dcj.nsw.gov.au). 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

When you complete and sign this section of the form, you are consenting to:

- OGIP exchanging information (including collecting, using and disclosing information) with a nominated third party person/agency, and
- the nominated third party person/agency giving and/or receiving information about you, to and or from, the OGIP Unit.

Any information collected/exchanged may be recorded on the Department's electronic systems.

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

When you complete and sign this section of the form, the nominated person/agency that is named by you is authorised to act on your behalf in all matters relating to your matter being handled by the OGIP Unit, including:

- completing relevant documentation and making enquiries and changes on your behalf, and
- receiving all relevant communications including correspondence and any information/outcome released to you.

A nominated person/agency that you authorise 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 the OGIP Unit or the Department if you need to do so.

## Your right to Privacy

### DCJ Privacy Notice

This privacy notice applies to the Department. The Department and its related agencies/divisions comply with NSW privacy legislation when collecting and managing, personal and health information. The information we collect from you (or from an authorised third party) will be held by the Department. Your personal information will be used for the purpose(s) it was collected (for example to provide services to you) or any related, secondary purpose. We may also use your information within the Department as a whole to plan, coordinate and improve the way we provide services. The Department is legally authorised to disclose information to outside bodies in certain circumstances.

Further information about your privacy rights and how you can access your personal information can be found on the Department's Privacy Notice available on the Department's website at: <https://www.dcj.nsw.gov.au/statements/privacy.html> or by calling: 02 9716 2662.

The Department's Privacy Management Plan (PMP) explains how the Department complies with its obligations under the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*. The Department's PMP can be found on the Department's website at <https://www.dcj.nsw.gov.au/statements/privacy/privacy-management-plan.html>

Generally you have the right to access and correct the information if you believe that it is incorrect. If you wish to do so, please contact the Open Government, Information and Privacy Unit at [infoandprivacy@dcj.nsw.gov.au](mailto:infoandprivacy@dcj.nsw.gov.au) or call 02 9716 2662.

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

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

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

DCJ reference number

## Personal details

Title   
Mr, Mrs, Ms, Miss, Mx

Last name or family name

Given name(s)

Date of Birth

Unit/House number

Street/Avenue

Town/Suburb  Postcode

Contact number

Email

## Part A: Giving consent for the collection, use and exchange of information (Complete this section ONLY if you are giving consent to OGIP to collect, use and exchange information with another person or agency)

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

1. Name of person/agency

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

3. Correspondence address

Street No

Street/Avenue

Town/Suburb  Postcode

Phone

Email

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

For 2 years

from  to

**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	
Relationship	
Contact details (Address and Phone Number)	

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

For 2 years

from  to

**Authorisation**

I authorise the persons/agencies named on this form to exchange information about me and/or receive the information applied for and any correspondence and/or to act on my behalf in matters concerning my application to access information 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 OGIP Unit (unless there is a current legal order in place).

Full name (please print)

Signature

Date

**Third Party Authorisation**

I give authority to be contacted 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 **Client Name** in relation to their application to access information or privacy internal review. I will notify the OGIP Unit of 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)

Signature

Date

**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 the Department.