

## Authorisation to Disclose Personal Information

Under the *Information Act* (NT), the Department of Housing and Community Development cannot supply your personal information to anyone without your consent.

If you wish to consent to the release of information to a particular person or organisation please complete and sign this form.

**This authorisation is valid from the date of my signature on the reverse of this form and relates to:**

- Single disclosure valid for 30 calendar days
- Ongoing case for a period of up to 12 months.

Για βοήθεια στη γλώσσα σας τηλεφωνήστε στις Υπηρεσίες Στέγασης (Housing Services) στο 1300 301 167.  
"Đặc biệt sự giúp đỡ về ngôn ngữ, xin gọi Dịch vụ Gia Cư (Housing Services) qua số 1300 301 167"  
للمساعدة اللغوية يرجى الاتصال بخدمة الإسكان على الرقم 1300 301 167  
Untuk bantuan bahasa hubungi Dinas Perumahan (Housing Services) di nomor telp 1300 301 167  
សម្រាប់ជំនួយភាសា សូមទូរស័ព្ទទៅសេវាលំនៅឋានតាមរយៈលេខ៖ 1300 301 167  
အကယ်၍ စကားနားလည်နိုင်အကူအညီအတွက် ဒီဗီယာဝန်ဆောင်မှုဖြင့် ဘုရားရှင် ၁၃၀၀ ၃၀၀ ၃၀၁ ကို ခေါ်ပါ။  
若需语言协助 请拨打 1300 301 167 与房屋服务联络  
Para a assistência da língua ligue para os Serviços de Habitação no 1300 301 167.  
Wegen Hilfe in deutscher Sprache wenden Sie sich bitte an den Wohnungsdienst, Telefonnummer 1300 301 167.  
For language assistance please call Housing Services on 1300 301 167.

### 1 Client details

Please circle: Mr / Mrs / Ms / Ms / Miss

First name: ..... Surname: .....

Date of birth: ..... / ..... / ..... Email address: .....

Home phone: ..... Work phone: ..... Mobile: .....

Address:.....

### 2 Advocate or agency details

Advocate or agency name:  
.....

Relationship (if applicable):  
.....

Work phone: ..... Mobile: ..... Email:.....

### Specific information to be provided (please attach additional pages if more space required)

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**3 Client authorisation**

I, .....(name) authorise the release of the information described in section 2 to the person(s) or organisation named on this form. I understand that:

- information will only be disclosed to the advocate or agent I have nominated to act in my interests for the nominated period on the front of this form
- my personal information will be treated in a confidential manner in accordance with the Information Privacy Principles at schedule two of the *Information Act* (NT)
- I am able to access and correct any information held about me  
and
- I can withdraw this consent at any time.

Signature: .....Date: ..... / ..... / ..... (dd/mm/yyyy)

For further assistance please contact:

Information Access Unit  
 Department of Housing and Community Development  
 GPO Box 4621  
 Darwin NT 0801  
 Phone: (08) 8999 8490  
 Fax: (08) 8942 6806  
 Email: [Infoact.dhcd@nt.gov.au](mailto:Infoact.dhcd@nt.gov.au)

The Department of Housing and Community Development only collects personal information which is necessary for the performance of its operations and provision of services. If you do not provide the information requested, we may not be able to assist you. The department will not release your personal information to a third party without your consent or unless it is required or authorised by law in accordance with the provisions of the *Information Act* (NT) and Information Privacy Principles at schedule two. You have a right to access and correct any information held relating to you by the department.

**OFFICE USE ONLY**

Information released (please circle):    YES / NO            Release date: ..... / ..... / ..... (dd/mm/yyyy)

Released by (name and position): .....

Signature: .....

Once complete, place this form on the client's group file and make appropriate notes in TMS.