



## General Consent to Exchange Information and Authority to Act on Behalf

I, [Name] \_\_\_\_\_ [DOB] \_\_\_\_\_ of

[Address] \_\_\_\_\_ understand and provide consent for RSL Tasmania Wellbeing Team keep relevant information to assist in supporting me. I understand that my information will be treated as confidential in align with *Personal Information Protection Act 2004*.

By signing this form I understand and am providing consent for RSL Tasmania Wellbeing Team to liaise, share information with relevant organisations and advocate/ act on my behalf, inclusive of receiving correspondence.

I understand that all interactions with other agencies and organisations will be discussed with me prior to their engagement and/or referral.

I understand that by signing this form my consent can be withdrawn at any point I feel appropriate.

The above permissions are effective for 12 months from the date below or for the duration of support, whichever comes first.

\_\_\_\_\_

[Signature]

\_\_\_\_\_

[Date]