

CONFIDENTIAL CLIENT RECORD

PERSONAL DETAILS that we need to provide a service

First Name		Last Name	
Mobile Phone		Email Address	

First Meeting Date		Record Entry Date	
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CONSENT

I consent to receiving **support services** from _____, an accredited member organisation of 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 MSA and its Member Organisations provide more effective support services but that this information will not be identified with me.

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

Signed by the Service User		Date	
Signed by the Client Parent or Guardian		Date	
Signed by Peer-Support-Worker		Date	