



**MALE
SURVIVORS
AOTEAROA**

TE POARI O NGĀ MŌREHU TAITŌKAI O AOTEAROA

SERVICE CONSENT FORM

Date: ___/___/___

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.

SERVICE USER

Name: _____ Signed: _____

PARENT/GUARDIAN (If Service user under 18)

Name: _____ Signed: _____

Service Provider

Name: _____ Signed: _____