



**MALE SURVIVORS  
BAY OF PLENTY**

NGĀ TĀNE MŌREHU O TE PEI O PERETI

## SERVICE CONSENT FORM

Date: \_\_\_/\_\_\_/\_\_\_\_\_

I, \_\_\_\_\_

consent to receiving **support services** from Male Survivors Bay of Plenty, 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 certain 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 Male Survivors Bay of plenty provide more effective support services but that this information will not be identified with me.

I am aware that Male Survivors Bay of Plenty 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: \_\_\_\_\_