

**RIAC CLIENT FILE CONSENT FORM**

I Click or tap here to enter text. of (address) Click or tap here to enter text.

consent to a file being opened in my name in relation to my current issue(s), and agree that:

1. I understand that a file will be opened in my name and destroyed after 7 years.
2. I understand that information about accessing RIAC’s service is provided to our funding bodies, but this information will not identify my name, phone number or full address.
3. I have read and understand my Rights and Responsibilities.
4. I understand that RIAC will only give out my personal information if I sign a consent to share form, I am at risk to myself or others, or if required by law.
5. I consent to get a call from RIAC or our auditors for my feedback [ ] Yes [ ] No
6. I have been given information on how to make a complaint about RIAC.
7. It is ok to withdraw my consent at any time by contacting RIAC.
8. I understand that consent will end at my request.
9. I have read or had this document explained to me, and I understand this document.

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| --- | --- | --- |
| Client Name or Client’s authorised nominee/parent/guardian: | Sign: | Date: |
| Staff Name: | Sign: | Date: |

If unable to sign, staff to complete the following: I Click or tap here to enter text.have met/spoken with Click or tap here to enter text.on date Click or tap to enter a date. and believe that they understand, agree to, and wish to sign this consent form, but are unable to do so at this time.