Government of **Western Australia**
Department of **Housing and Works**

Information Release Authority

I, _____

(Tenant Name)

authorise the sharing of information with:

- ☐ Department of Communities
- ☐ Department of Health
- ☐ Mental Health Commission
- ☐ Other

I understand this authorisation includes any information regarding my:

- ☐ Tenancy Accounts
- ☐ Public Housing Tenancies
- ☐ Public Housing Applications
- ☐ Health Support

I understand that all information disclosed to the above parties shall be treated in the strictest confidence.

I understand that I may revoke this authority at any time by communicating this to the Department of Housing and Works.

Tenant Name

Signature

✍

Date

D D M M Y Y Y Y

Guardian/Public Trustee

Signature

✍

Date

D D M M Y Y Y Y

Information collected by us will be managed in accordance with our Privacy, Confidentiality and Duty of Care Policy and the Public Sector Commission Policy Framework and Standards for Information Sharing between government agencies.

Tenants can request access to their Personal Information held by the Housing Authority, operating within the Department of Housing and Works (DHW), by applying under the *Freedom of Information Act 1992* (WA).

Personal Information is managed in line with the *Privacy and Responsible Information Sharing Act 2024* (WA). For more information, please refer to the Privacy Statement at wa.gov.au/dhw-privacy-statement.