

## Families and Friends of Missing Persons Service

Consent for exchange of information form

FFMPS require you to sign the following consent form prior to them liaising with other agencies at your request. Note: Choosing not to sign this form will not affect your access to Families and Friends of Missing Persons Service (FFMPS) services.

### Your details

I, \_\_\_\_\_, give consent for FFMPS, NSW Department of Communities and Justice to exchange information, on my behalf, with the following services (please tick):

NSW Police Force (local area command and Missing Persons Unit)

Search agencies

NSW State Coroner's Office

My general practitioner (medical doctor)

Other (please specify)

- I give this consent on the basis that the information provided to FFMPS will only be shared regarding matters in relation to the missing person.
- I am aware and agree that any information provided to FFMPS, in relation to concerns for the safety and wellbeing of the missing person, will be provided to the police or appropriate agency for further investigation.
- If there are concerns for my wellbeing I consent to information being exchanged to assist the FFMPS in supporting me as a client of the service.

Signature of client

Date dd/mm/yyyy

**Privacy:** Victims Services is required to comply with the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act 2002.

Your counselling information is confidential and will only be released in rare instances where it is ordered by a court, required by law or you have consented to an exchange of information.

### Who should I contact to find out more?

**Victims Access Line:** 1800 633 063 | **Aboriginal Contact Line:** 1800 019 123

**Email:** [ffmps@justice.nsw.gov.au](mailto:ffmps@justice.nsw.gov.au) **Website:** [www.missingpersons.justice.nsw.gov.au](http://www.missingpersons.justice.nsw.gov.au)