



He Iwi Kāinga – Consent and Disclosure Form

Purpose of this Form

He Iwi Kāinga (HIK) needs to collect, use, and sometimes share your personal information to provide you and your whānau with housing and support services. This form explains what information we collect, how we use it, who we may share it with, and your rights. It also covers consent for transport and medication support if needed.

What Information We Collect and Why

We may collect:

- Personal and whānau details to support your housing and wellbeing needs.
- Health information if needed for transport or medication support.
- Information from or shared with other services or agencies (with your consent).
- Notes from calls, emails, meetings, and visits.

We collect this to:

- Help us support you and your whānau effectively.
- Improve our services and report outcomes (without identifying you).
- Connect you with other services that may help.

Comply with legal or funder requirements.

How We Use, Share, and Protect Your Information

By signing this form, you agree that:

- HIK can share and receive relevant information with people or agencies involved in your support, including:
 - Funders - Ministry of Housing and Urban Development (MHUD), Bay Trust, Te Puni Kōkiri and others as included on our website.
 - Trusted healthcare or social services (with your permission).
- Information is shared only when needed and with your safety and wellbeing in mind. Trusted agencies include registered social services and healthcare providers who meet our standards of care.
- We collect, use, and share your information following the **Privacy Act 2020** and the **Health Information Privacy Code 2020** (when health information is involved).
- Your information will be securely stored and kept only as long as needed to provide services or meet legal requirements.
- We take reasonable steps to protect your information from loss, unauthorized access, or disclosure.

We may use non-identifiable stories or data in reports to funders or for evaluation, with all identifying details removed to protect your privacy.

Your Rights and Choices

- Giving consent is your choice. You can change or withdraw your consent at any time by contacting us at: **Gaye Stebbing**— Phone: 0800 889 427 Email: officemanager@tst.maori.nz
- Withdrawing consent may affect the services we can provide to you or your whānau.
- You can ask to see, correct, or request a copy of your personal information.
- You have the right to ask questions about your information and how it is used and to be treated with respect and dignity.
- If you have concerns about how your information is handled, you can raise a complaint with HIK or contact the **Office of the Privacy Commissioner** at www.privacy.org.nz.

Consent for Transport and Medication Support (if needed)

If there is an emergency and you need help with transport or medication, you agree that HIK staff or trusted representatives may:

- Transport you to essential appointments (e.g., hospital, doctor, pharmacy).
- Support you to collect or understand your medication.
- Only assist in giving medication under clear instructions from a qualified professional.

All transport and medication support will follow HIK's Health and Safety guidelines.

Note: We do not pay for transport or medication.

Our Kaupapa and How We Work

He Iwi Kāinga is guided by kaupapa Māori values such as **manaakitanga**, **whanaungatanga**, **kaitiakitanga**, and **tino rangatiratanga**. We aim to uphold the mana of every whānau we support and walk alongside you on your journey.

We offer wraparound support through our programmes (like Kāinga Tau, Kāinga Manaaki, Whare Ora, Sorted Kāinga Ora). By signing this form, you agree that your information may be shared within He Iwi Kāinga to provide joined-up care and better outcomes.

Optional Consents

(Please tick any you agree to)

- ☐ I give permission for my photo or video to be used in promotional materials or reporting.
- ☐ I do not give permission for my photo or video to be used.
- ☐ I agree to be contacted about future He Iwi Kāinga services, hui, or programmes.
- ☐ I agree to be contacted via phone, text, or email and understand I can opt out anytime.
- ☐ I consent to non-identifiable information about me being included in funder reports or service evaluations.

Withdrawal of Consent

You can withdraw your consent at any time by contacting:

Gaye Stebbing— Phone: 0800 889 427 Email: officemanager@tst.maori.nz

Declaration

☐ I have read (or had explained to me) this form. I understand it and give permission for my information to be used and shared as described.

Client Name: _____

Client Signature: _____

Date: _____

If Signing on Behalf of Someone Else:

☐ I have authority to act on behalf of the person named above and give consent as described.

Name: _____

Relationship: _____

Signature: _____

Date: _____

This form is valid until you withdraw your consent or your situation changes. Please keep a copy for your records.