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## CONSENT FORM

Out N About OT needs to collect information about you for the primary purpose of assessing and providing intervention and recommendations for you. This information will also be used for:

- a) Administrative purposes for running our service
- b) Billing you directly, through the NDIS, or other agency if required
- c) Use within our service to ensure you are provided with quality supports and services
- d) Disclosure of information to the NDIA, the NDIS Quality and Safeguards Commission, or other government agencies if needed
- e) Disclosure of information to your doctors or to other health professionals to facilitate communication and best possible care for you
- f) Disclosure to other providers in order to provide appropriate services

We do not disclose your personal information to overseas recipients. Your clinical notes are stored in the Cliniko practice management system which is compliant with Australian regulations concerning privacy of your data, servers are located in Sydney, Australia.

Out N About OT has a privacy policy that is available on request, which reflects the Federal Privacy Act 1988 (and amended Privacy Act 2000). That policy provides guidelines on the collection, use, disclosure and security of your information.

This practice participates in audits conducted by NDIA approved auditors which means your files may be reviewed or you may be asked to participate in an interview to review the practice's ability to remain NDIS registered. Please let us know if you do not wish to participate in this process.

To ensure the process of quality treatment provision, information about your assessment results and progress may be given to other relevant service providers, these may include your:

**Doctors and specialists, NDIA, Department of Veteran Affairs, Referrer, Service Provider, Support co-ordinator, Equipment Suppliers, Enable NSW, home modification service providers, Housing NSW, Solicitors, employers, insurance companies and other health professionals involved in your care.**

**I do not give consent for the release of information to the following parties:** \_\_\_\_\_

- I have read the above information and understand the reasons for the collection of my personal information and the ways in which the information may be used and disclosed and I agree to that use and disclosure.
- I understand that it is my choice as to what information I provide and that withholding or falsifying information might act against the best interests of my assessment and therapy progress.
- I am aware that I can access my personal and treatment information on request and if necessary, correct information that I believe to be inaccurate. I understand that I can withdraw or amend my prior consent.
- I understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to me.
- I agree to photos/visual images being taken of my home and stored for the purposes of home modification diagrams. I also understand a separate image consent will be completed if photos are required of myself.
- I have been provided with or have been given the opportunity to obtain a copy of Out N About OT's privacy policy.

Client name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of client/carer: \_\_\_\_\_

Name of parent/guardian/carer if client is under 18 years of age or is unable to sign: \_\_\_\_\_