

CONSENT FORM



Date: ___/___/____

Please make sure you update this form once a year.

These details are about the person that Able Australia is seeking consent for.

Title: _____ First Name: _____

Family Name: _____ Preferred Name: _____

Gender: _____ DOB: _____

Address: _____

Suburb: _____ Postcode: _____ Phone: _____

Email: _____

CLIENT CARE

Please refer to the Welcome to Able Australia booklet for information on how we store and manage client information. Client information is accessible and can be updated at any time by contacting Able Australia at Locked Bag 4000, Surrey Hills VIC 3127, on 1300 225 369 or via email at feedback@ableaustralia.org.au.

Please tick the boxes you agree with.

- It is okay for people who work at Able Australia to hold my money and give it to me when I ask.
- It is okay for Able Australia to look at my NDIS plan and have a copy of it.
- It is okay for people who work at Able Australia to have information about what I need to be supported.
- It is okay for people who work at Able Australia to share information about what I need to be supported.
- It is okay for Able Australia to share my records with an auditor. I understand that I may be invited to meet with visiting auditors to check that services provided by Able Australia are safe and meet certain rules.
- It is okay for Able Australia to have photos or videos of me if they directly relate to my care needs.
- It is okay for Able Australia to contact my next-of-kin when required.
- Other: _____

Please turn over >

PERSONAL/HEALTH INFORMATION CONSENT

I give Able Australia permission to use and/or share my personal/health information with the following agencies or people listed in the table below outside of Able Australia.

I am aware that I can withdraw or amend my consent at any time.

Name of Agency or Person (e.g. Dr John Doe, Blueberry Healthcare, XYZ Physio)	Type of information (e.g. all relevant information, any exclusions for example share healthcare plan but not mental health plan)	Purpose (e.g. sharing health care plan to inform care planning meeting)	How long the information can be shared

OR

I do **not** give Able Australia permission to use and/or share my personal/health information with agencies or people outside of Able Australia. I understand this may impact on the services Able Australia will be able to provide me

MEDIA CONSENT

Please tick the box you agree with.

It is okay for Able Australia to use my photo or video and name online and in print for any marketing and promotional purposes at any time.

OR

It is okay for Able Australia to use my photo or video and name online or in print only when it is about the service or event where the photo was taken (eg. Only for an article about the event).

OR

It is **not** okay for Able Australia to use any photos or videos of me online or in print.

There are rules about how Able Australia will use your personal information, but at times Able Australia may need to tell other people or organisations about you without your consent. These times can include:

- When the law says we have to such as subpoena's, requests under the freedom of information &/or mandatory reporting obligations.
- We are concerned for yours or others (public) safety &
- Emergency services such as police, ambulance

Able Australia will tell you when we have been required to share your information in these events.

Only sign below if someone from Able Australia has:

- talked to you about what consent means
- told you about the times when information might need to be shared without your consent because of the laws of Australia
- talked to you about how Able Australia keeps your personal information safe
- explained to you the Able Australia Privacy Policy
- given you a copy of this form to keep

NAME

SIGNATURE

DATE

If the person named at the top of this form cannot sign but would like to give consent using this form, please use one of the below options.

AUTHORISED REPRESENTATIVE OF PERSON GIVING CONSENT:

An authorised representative is someone that the person named at the top of this form trusts who can fill in this form for them. That person needs to sign here.

NAME OF REPRESENTATIVE

RELATIONSHIP TO PERSON

SIGNATURE

DATE

VERBAL CONSENT:

The person signing here needs to have talked to the person named at the top of this form or the authorised representative about what is on the form. They must understand the form and answer the questions.

NAME OF REPRESENTATIVE

RELATIONSHIP TO PERSON

SIGNATURE

DATE