



Sharing Information Consent Form

Part A - Background information

As described in our privacy policy, we collect relevant background information to assist in providing you with the best service possible. Usually we will ask you to provide copies of any reports that might be relevant to your therapy service with Participate OT Occupational Therapy.

Sometimes it may be necessary for Participate OT to contact a third party to seek information about you. However, we need your permission to do so, and will only speak with other people if you have given us permission to speak with them. The information we may ask about includes:

- information about your disability,
- medical or therapy reports, including behaviour support plans
- information about the supports you access, and the people who support you (eg, support coordinators, support workers and others)

If you agree to Participate OT sharing and receiving information about you from third parties, please fill in and sign the form on the next page.

We will only share this form with third parties to show them you have agreed for us to talk to them about you and exchange information about you.

If you do not want this to happen, you do not have to give your permission. Also, if after signing this form you decide you do not want Participate OT to have permission anymore, you can withdraw your consent by contacting us. If we do not have all the information we need, we will discuss with you how this might impact on the services we can provide.

Wherever possible, we will ask you for your information rather than asking someone else.

We will only share information about you where you have given us your permission to do this. Usually we will aim to provide copies of all reports directly to you, so that you are able to share this information however you choose.



Information about you

Surname	<input type="text"/>	Given names	<input type="text"/>
Date of birth	<input type="text"/>	Contact details	<input type="text"/>

Part B: Parent, legal guardian or representative

Fill out this section if you are completing this form on behalf of:

- a person under 18 years for whom you have parental responsibility, or
- a person for whom you are a legal guardian or representative.

Your contact details

Surname	<input type="text"/>	Given names	<input type="text"/>
What is your relationship with the person requesting access?	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Contact details	<input type="text"/>		

Part C - Your information and privacy

Any personal information held by Participate OT is protected under the National Disability Insurance Scheme Act 2013 and the Privacy Act 1988.

You can find more information about how Participate OT collects, uses, discloses and stores your personal information in the Privacy Policy at www.participateot.com

Part D - Giving consent

Do you consent to Participate OT talking to other people about you; giving them information about you and getting information about you from:

Please provide contact details for therapists, support workers, teachers, other medical professionals, or anyone else you think relevant that you are happy for us to contact:

- Yes, I consent for your to contact the following people (please fill in as much information as possible, and tick the appropriate box/es):

Service Provider Name	Contact Details	<input type="checkbox"/> Consent to ask for written reports	<input type="checkbox"/> Consent to discuss current program goals over the phone
<input type="text"/>	<input type="text"/>		

Part E: Signature

By signing this Consent Form:

- I understand I can obtain further information about how Participate OT handles my personal information from the Privacy Policy at participateot.com.au
- I understand I have given Jane Galvin OT consent to ask for information about me and share my information with third parties.
- I understand I can withdraw my consent at any time.

Signature

Date

