



Consent Form

(Authority to Collect, Hold, use and Disclose Participant information.)

Please use this documentation to give your permission (consent) for Dahlia Homes to share your relevant information with a person or an organisation who you choose. We will only share your personal information if you have given us consent to or if we are required or authorised to disclose your information by law.

Privacy Amendment Act

Dahlia Homes refers to the Privacy Amendment Act 2012 and utilise the APP within the organisation to protect our participants and their secured information. Dahlia is protected by the privacy amendment (Enhancing Privacy Protection Act 2012)

Personal information is any information or an opinion that identifies you or could identify you and includes information about your health.

The purpose for Dahlia Homes to collect your personal information is to:

- Provide high quality services, including strategically planning, coordinating and implementing NDIS Support Services that aligns to individualised plans.
- Report to Government Bodies including but not limited too NDIS, public Guardians and other organisations supported by Dahlia.
- Provide Evidence, therapeutic reports, and ability to track progress with all capacity building skills.
- To ensure we are able to follow up any concerns or complaints efficiently and effectively
- Marketing and Advertisement Purposes (If applicable)

* Please note that Dahlia Homes may be required to release information about service users (without identifying you by full name or address) to the Disability Services Commission and to the Australian Institute of Health and Welfare, to enable statistics about disability services and their participants to be compiled. The information will be kept confidential, and de-identifiable. This information is used for statistical purposes only and will not be used to affect your entitlements or your access to services. As a user of National Disability Agreement Services, you have the right to access your own files and to update or correct information included in the Disability Services National Minimum Data Set collection. Dahlia Homes agrees to maintain record keeping within the guidelines set out by the NDIA and provide them to the Consenting parties at any reasonable time.

Dahlia Homes will **NOT** disclose/use information about you for any secondary purpose unless;

- You have consented to the use or disclosure prior to the information being provided.
- You would reasonably expect us to use or disclose the information for the secondary purpose as it is directly related to the primary purpose.
- The use or disclosure of the information is required or authorised by; under an Australian law or a court/tribunal order.
- Our organisation reasonably believes the use or disclosure is necessary to lessen or prevent a serious threat to life, health, or safety of an individual or to public health and safety.
- Our Organisation has reason to suspect an individual may have done something unlawful or engaged in serious misconduct that relates to organisational functions or activities.
- Our organisation reasonably believes that the use or disclosure is reasonably necessary to assist another person to locate a person reported as missing.



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Participant Details

Full Name:		Date of Birth:	
NDIS Number:		Contact Details	

For Participants under the age of 18 years, under guardianship or in the care of family & caregivers please complete below.

Name of Parent/Guardian:		Primary Carer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Lives with Participant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relationship to Participant:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Other			
Residential Address:				
Contact Details:	Home: Mobile:			
Email Address:				

* Please ensure that a copy of any formal documentation has been provided to Dahlia Homes as required. *

Consent

Please tick the relevant box that you wish to provide Dahlia Homes consent for:

- National Disability Insurance Scheme (NDIS)
- Plan Manager/s
- Allied Health Professionals (Occupational Therapist, Physiotherapist, Dietician etc)
- Clinical / Case Managers
- School Leavers
- Transport with Dahlia Staff
- Financial / Appointed Trustee
- Other (Please provide Details if required)

Use of Media

I give Dahlia Homes permission to utilise my Photograph / Video and other identifying factors for evidence base purposes only.

Yes No

I give permission for photographs and videos to be taken for promotion of activities advertisement, and social media uses.

Yes No



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Authorisation

I give authority for Dahlia homes; to collect, store, use and disclose personal and sensitive information, including health records, for the primary purpose of service provision and directly related needs in accordance with the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth) whilst remaining a participant of this organisation.

If any circumstances change, I agree to notify Dahlia homes PTY LTD as soon as practicable.

Participant/ Representative Name	
Participant/ Representative Signature	
Date Signed:	Date for Review:

Note: Where a participant does not have the capacity to give informed consent and does not have a legal guardian who has the authority to make decisions on behalf of the participant, the participant's parent, family member or other allocated person with a close personal relationship to the participant may sign this form. The person who signs on the participant's behalf must provide their details below:

Participant Representative Name	
Participant Representative Signature	
Date Signed:	Date for Review:

Consenting to the Release of Personal Information

- In order to comply with privacy legislation, this consent is necessary when participants ask third parties to either advocate or make inquiries on their behalf regarding various issues or services provided by the organisation.
- In all cases, the organisation will only release as much information as is needed in order to respond to the inquiry or participant's concern.
- Certain information will not be released by the organisation e.g. information about other individuals, records subject to solicitor-participant privilege, records relating to a current lawful investigation, records the release of which would affect the safety or health of anyone).
- In the event a subsequent inquiry is made by the same third party which is unrelated to any previous participant concern, another consent form will need to be completed.



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Participant Consent for Third Party Release of Information

Pursuant to *The Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)* and *The Health Information Protection Act*

The purpose of this form is to provide consent to the release of personal information to third parties as requested by the Participant which is protected and governed by the privacy provisions of *The Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)* and *The Health Information Protection Act*.

<i>(Participant Name)</i>
<i>(Participant Mailing Address)</i>

Consent to release to

<i>(Print Name, Title of person receiving information)</i>

<i>(Print Address and Contact Details of person receiving information)</i>

Personal information which the organisation, or its staff need to release in order to respond to the following concern or issue:

<i>Information Regarding</i>

I understand this may include personal information within the meaning of The Freedom of Information and Protection of Privacy Act, and personal health information within the meaning of The Health Information Protection Act.

I further understand that Dahlia Homes will only release as much information as is needed to respond to my concern and subject to the restrictions and provisions of *The Freedom of Information and Protection of Privacy Act 2012 (Cth)* and *The Health Information Protection Act*.

<i>Signature of Person Consenting to Release</i>	<i>Date</i>