**Consent Form**

Authority to collect, hold, use and disclose participant information

**Privacy Amendment Act**

Personal information collection, holding, use and disclosure of personal information by Optimum Care Group is protected by the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth) (Privacy Act).

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

The purpose for collecting personal information from you is to:

* provide services, including planning, coordinating, funding, implementing, monitoring and reviewing our services
* report to NDIS, government or other funding bodies of how funding is serviced by us,
* take photographs and videos for therapeutic and marketing purposes
* responding to your feedbacks, and
* responding to your queries.

\* Please note that Optimum Care Group is 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. 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.

Optimum Care Group will not disclose/use information about you for any secondary purpose unless:

* You have consented to the use or disclosure; or
* You would reasonably expect us to use or disclose the information for the secondary purpose as it is directly related to the primary purpose; or
* The use or disclosure of the information is required or authorised by or under an Australian law or a court/tribunal order; or
* Optimum Care Group 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; or
* Optimum Care Group has reason to suspect an individual may have done something unlawful or engaged in serious misconduct that relates to Optimum Care Group’s functions or activities;
* Optimum Care Group reasonably believes that the use or disclosure is reasonably necessary to assist another person to locate a person reported as missing.

**Use of Media (please tick)**

* I do not give Optimum Care Group authority to use photographs and videos for therapeutic purposes
* I do not give Optimum Care Group authority to use photographs and videos for marketing purposes.
* I do not give Optimum Care Group authority to send me information about services via a Newsletter
* I do not give Optimum Care Group authority to contact me to advise me of service related opportunities

I ………………………………………………………………………….. give authority for Optimum Care Group; 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 I/we remain a participant of Optimum Care Group.

If my/our circumstances change I agree to notify Optimum Care Group Name as soon as practicable.

|  |  |  |  |
| --- | --- | --- | --- |
| Participant’s Name: |  | Signed by: |  |
| Date: |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name: |  | Relationship to Participant: |  |

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 person with a close personal relationship to the participant may sign this form. The person who signs on the participant’s behalf must print their relationship to the participant next to their name.

Please send completed forms to Optimum Care Group.

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print name of participant)

(Print mailing address of participant)

Consent to release to

(Print name, title of person receiving information)

(Print address and phone number of person receiving information)

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

Information regarding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 Optimum Care Group 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.*

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Signature of Person Consenting to Release  Date:

**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 Optimum Care Group.
* In all cases, Optimum Care Group 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 Optimum Care Group 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.