



Helping you live, rest & play

Consent to Share Information

I understand information about myself and my disability is collected by Ipswich Therapy Centre in accordance with the Privacy Act 2009 and the information is stored securely as per Ipswich Therapy Centre's Privacy, Dignity and Confidentiality Policy. This information is confidential and only shared with others outside the organisation for my benefit and with my permission. This includes my personal information, information about support and therapy I receive, and any photographs or videos taken. I understand that in an emergency or where there is a risk to myself or others this may be done outside written permission. Some de-identified information is collected and may be shared with Government Agencies.

I, _____ give Ipswich Therapy Centre permission to share information about me/ my child with the following nominated services or individuals:

NDIS staff including Local Area Coordinator	Yes	No	NA
Support Coordination	Yes	No	NA
Support Staff	Yes	No	NA
Plan Manager	Yes	No	NA
General Practitioner	Yes	No	NA
Government Agencies	Yes	No	NA
Other Service Providers involved in my care	Yes	No	NA
Family/ Carers (name)_____	Yes	No	NA
School/ Pre-School/ Kindy/ Child Care_____	Yes	No	NA
Other_____	Yes	No	NA

Please specify below, if there is anyone that you do not wish your care and/ or support needs to be shared with:

I understand I can withdraw/ change consent at any time by informing my Occupational Therapist.

Name of participant

Signature of Participant/ Representative

____/____/____

Date