

# Consent form



This is a form about collecting, using and sharing your information with other people if they need it. By signing this form, you are giving Richelle Mills Behaviour Support permission to share your information. You can ask for help to read and fill out this form. A friend, family member or support person may be able to help you.

If any time you change your mind or are no longer accessing services, you can withdraw this permission.

**Definitions;**

Legal guardian

Someone who can make decisions for you. They are chosen by a court, tribunal or board.

Legal representative

Someone who manages your finances and property. This might be someone from your family or a friend.

## **Your details**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name of your legal guardian or representative\*: \_\_\_\_\_

*\*You will need proof that this person can be your guardian.*

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

## **Agreement**

**I agree that Empowered Disability Services:**

- ☐ has given me a copy of the Privacy Policy
- ☐ explained to me that I can make a complaint about my privacy by:
  - ringing 0455 991 152 or
  - sending an email to [info@rmbehavioursupport.com.au](mailto:info@rmbehavioursupport.com.au)
- ☐ explained that sometimes, they need to share my information with other Richelle Mills Behaviour Support people or programs or with other people, such as when:
  - those people will/may provide me with a service
  - the information is needed in a court case or other legal situation
- ☐ explained to me that if it is unsafe for me or other people, or there is no reason for them to do so, they will not share my information.

Richelle Mills Behaviour Support will work closely with other organisations and government agencies to co-ordinate the best support for me and my family. Richelle Mills Behaviour Support will generally ask me for consent before they share my information, unless:

- they have to by law
- it isn't safe or possible to get my consent
- if I am are at risk of serious harm, abuse or neglect
- it is related to services being (or possibly will be) provided by Empowered Disability Services
- if Richelle Mills Behaviour Support consider I am a risk to myself or others.

I consent to disclose information to the following people and/or organisations; please the box for services that you agree we can **receive and share information with**, specific to your support service needs;

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### **Signatures from you and/or your legal guardian**

- ☐ I give permission and/or have spoken to my legal guardian about giving permission for Richelle Mills Behaviour Support to collect, use and disclose my information.
- ☐ By signing the below, I acknowledge that all Richelle Mills Behaviour Support staff may have access to my basic information, such as my name, date of birth and contact details.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Legal guardian or representative signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Signatures from Richelle Mills Behaviour Support worker**

- ☐ I confirm that I have provided and explained this information to the customer or their legal guardian/representative.
- ☐ I believe this person has understood the content and information.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Photograph and video recording consent

This form is about getting your permission to use photos or video recordings of you.

You can ask for help to read and fill out this form. A friend, family member or support person may be able to help you.

## **What we use images for**

These might go on our website, social media accounts or on flyers that we send out. It's how we show people what we do. We want to make sure that you are OK with us using images of you.

If you decide you don't want us to use your image any more, you can contact Empowered on.

Phone: 0455 991 152

Email: [info@rmbehavioursupport.com.au](mailto:info@rmbehavioursupport.com.au)

## **Types of images and recordings**

Please tick which types of images and recordings you give us permission to use:

- ☐ photographs
- ☐ voice recordings
- ☐ video recordings
- ☐ quotes from interviews – this is when we write down something you have said.

## **Agreement**

I understand that by giving consent Richelle Mills Behaviour Support can:

- Use my image in advertisements and marketing materials to promote their services
- Use my image on the Richelle Mills Behaviour Support website and other social media sites like Facebook
- Not pay me to use my image
- Whenever reasonable to do so, will destroy images of me if I take back my consent

In the case of advertisements, marketing or promotional materials, I cannot ask that this material be destroyed or not used. I can ask that no future materials be printed or used.

### **Signature of person giving consent**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_