



# Consent and Authorization Form

## Release of Information Form

**Participant Name:**

**DOB:**

**NDIS No (If applicable):**

I,

Consent to the sharing of my personal information between ZEALOUS INSPIRED and

- 1.
- 2.
- 3.
- 4.

For the purpose of: Assessment/Recommendations, Therapy & Training  
**Behavioural/Assessment/Recommendations/Therapy/Training/Reports/Plans**

### Privacy, Confidentiality, and Information Management:

All efforts are made to maintain your privacy and confidentiality. Information related to your diagnosis and disability, including relevant mental health, physical health, social history, and related reports is collected and stored securely in your individual clinical file.

Your information is collected to assist us to provide you with the appropriate services and inform our service provision and care-planning for you. ZEALOUS INSPIRED will be available to provide consultation to your other supports listed on this signed ZEALOUS INSPIRED Release of Information Form in the context identified. Your clinical records will be available to you at your request, please let us know if you would like to access your file. Your clinical records are maintained as per the Commonwealth Privacy Act 1988, Health Records & Information Privacy Code of Practice NSW, and the Privacy & Personal Information Protection Act. All records will be destroyed after a period of 7 years. Information may be provided if required by law e.g NDIS Commission, court subpoena, guardianship tribunal and the Department of Communities and Justice. If you are assessed to be at risk to yourself or others ZEALOUS INSPIRED is required to provide information to other service providers to ensure the safety of yourself and others.

I understand I can withdraw my consent at any time by contacting ZEALOUS INSPIRED. I understand my personal information will be kept securely by ZEALOUS INSPIRED. I understand if I am at risk to myself or others relevant information may be shared. This consent is valid for the period of 12-months unless otherwise specified.

Signed by the Representative:

.....  
Signature

.....  
Name (please print)

<b>Approved By:</b> The board of Zealous Inspired PTY LTD	<b>Version</b> 1
<b>Approval Date:</b> May 2021	<b>Next Scheduled Review</b> May 2026