Participant Information Consent Form

PART A: Data Collection Information

Information about your needs informs your provision of services, in order for our team to:

- decide if we can provide a service that suits your needs
- share information with key support staff
- share information with other providers or people to develop a comprehensive plan with you.

This form lets you tell us who we can and cannot share information with. You can change your mind and withdraw your permission after signing this form. Simply update consent by contacting us.

Privacy Information

Privacy and confidentiality

Personal information collection, holding, use and disclosure of personal information by this organisation 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. Any personal information held by our organisation is protected under the *National Disability Insurance Scheme Act 2013* and the *Privacy Act 1988*. Our organisation will only disclose relevant and/or necessary information to any external parties to whom you have given us permission to disclose information, unless required by law.

Personal information and documents

The purpose for collecting personal information from you is to:

- provide services, including planning, coordinating, funding, implementing, monitoring and reviewing our services
- report to the NDIS, other government or funding bodies of how funding is serviced by us
- respond to your feedbacks
- respond to your queries.

This organisation will not disclose/use information about you for any secondary purpose unless:

- you have consented to the use or disclosure
- you would reasonably expect us to use or disclose the information for the secondary purpose (as relating directly to the primary purpose)
- use or disclosure of the information is required or authorised by or 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
    - has reason to suspect an individual may have done something unlawful or engaged in serious misconduct that relates to organisational functions or activities
    - reasonably believes that the use or disclosure is reasonably necessary to assist another person to locate a person reported as missing
- there is a data breach relating to your information, then our organisation will follow the Data Breach Management Policy and Procedures that require us to inform you, deal with the breach, and protect your data security.

Participant Name	
Advocate/Participant's Representative	
Preferred method of communication	*Phone, enterpreter, visual demonstration

PART B: Consent
Providing your consent (sharing information)

Yes	No	Please X all relevant boxes below
☐	☐	I give consent and permission for Clear Thinking Mental Health Group to collect and hold my personal information

PART C: Authorisation
Authority to Share Personal Information

- I provide my authority for the organisation 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 this organisation.
- I acknowledge that information can be shared without consent if required by Australian law.
- If my/our circumstances change, I agree to notify the organisation as soon as practicable.

Participant Name	
Signature	
Date	

Or

Advocate Name	
Signature	
Date	

Note: Where a participant cannot give informed consent and does not have a legal guardian who has the authority to make decisions on their behalf, the participant's parent, family member or another person with a close personal relationship with the participant may sign this form.

PART D: Authorisation
Audio/Visual – Only to be completed when required. We will always ask your permission to record in an audio or visual format. Should this be necessary we will ask for your consent and that you fill in the form below.

In the rare event that your personal information is recorded in an audio or visual format, we require additional consent in writing.

I acknowledge that I am aware that recorded material may be in an audio or visual format.

Participant Name	
Signature	
Date	

Or

Advocate Name	
Signature	
Date	

PART E: Consenting to the Release of Personal Information to Third Parties

Pursuant to *The Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)* and *The Health Information Protection Act w*hen you request third parties to either advocate or make inquiries to our organisation on your behalf, you must provide your consent (via the following form) for us to release your personal information to the third party.

In all cases, our organisation will only release as much information as is needed to respond to the inquiry or concern. However, 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). Note: If the same third party makes a subsequent, but unrelated, inquiry you will need to complete this form again.

Party releasing information

Name	Lucy Walters
Relationship to participant (if not participant)	NDIS Admin at CTMHG
Mailing or email address	ndis@clearthinkingmhg.com.au

The organisation to whom information is to be released

Name	
Relationship to participant	
Mailing or email address	
Contact number	

Information to be provided to the above third party is outlined below.

Details of information	All relevant NDIS information

I understand the above information request may include personal information within the meaning of the *Freedom of Information and Protection of Privacy Act 2012 (Cth)* the Privacy Act 1988.
I further understand that the organisation 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)* the *Privacy Act 1988.*

Signature of releasing party	
Relationship to participant	
Date	