



CONSENT FORM

reSPond Speech Pathology needs to collect information about you/your child for the primary purpose of providing a quality service to you/your child. In order to thoroughly assess, diagnose and provide therapy, we need to collect some personal information from you (about your child). If you do not provide this information; we may be unable to treat you/your child. This information will also be used for:

- a. The administrative purpose of running the practice;
- b. Billing either directly or through your plan manager;
- c. Use within the practice if passing your case to another speech pathologist within the practice for your/your child's ongoing management;
- d. Disclosure of information to your/your child's doctors, other health professionals or to teachers to facilitate communication and best possible care for you/your child; and
- e. In the case of insurance or compensation claim it may be necessary to disclose and/or collect information that affects your return to work.

We do not disclose your personal information to overseas recipients.

reSPond Speech Pathology has a Privacy Policy that is available on request and is available in the waiting area. This policy provides guidelines on the collection, use, disclosure and security of your/your child's information. The Privacy Policy contains information on how you may request access to, and correction of, your/your child's personal information and how you may complain about a breach of your/your child's privacy and how we will deal with such a complaint. A summary of the Privacy Policy is contained in the Collection Statement overleaf.

To ensure the process of quality treatment provision, information about your/your child's assessment results and progress may be given to other relevant service providers, who are involved in your/your child's management. These may include your/your child's doctor, teachers, specialists, insurers, solicitors, employers or others, but only where it is considered to be of benefit to your/your child's progress. Please provide names of individuals involved in you/your child's care.



Please list the names and contact details of the individuals involved in your/your child's care:

I _____, have read the above information and understand the reasons for collecting the information and the ways in which the information may be used. I understand that it is my choice as to what information I provide and that withholding or falsifying information might act against the best interests of my/my child's assessment and therapy progress. I am aware that I can access my/my child's personal and treatment information on request and if necessary, correct information that I believe to be inaccurate. I understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to me. I understand that the Practice must obtain additional consent if the information collected is to be used in any ways other than that outlined above.

Client/Parent Name: Child's Name:

Signed:.....Date:.....