



**Believe and Achieve Paediatric Therapy**

Suite 11, 261 Queen Street Campbelltown NSW 2560

believeandachievetherapy.com.au

ABN 47 662 696 282

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Dear

Believe and Achieve Paediatric Therapy – Therapy Services ('Service')

**Privacy Notice**

Believe and Achieve Paediatric Therapy is committed to protecting the privacy of your personal information and health information in accordance with the *Privacy and Personal Information Protection Act 1998* (NSW) (PIIP Act) and *Health Records and Information Privacy Act 2002* (NSW) (HRIP Act).

This Privacy Notice explains how Believe and Achieve Paediatric Therapy will collect and share you child's personal and health information to deliver Services to your child at School. Such information may include:

- Name, age, gender;
- Whether your child has any health issues, medical issues or disability;
- Other related information received in the course of providing the Services; and

We will only share information necessary to support your child at School, or as required by law. We will not disclose your child's personal and health information to third parties unless authorised by law or by consent.

The below is a consent form to allow relevant information related to the Service delivered to your child at School to be shared with the school, NSW Department of Education ('Department').

**Consent Form**

Consent to the Disclosure of Personal and Health Information with the School

This form seeks your consent to have your child's personal and health information disclosed by Believe and Achieve Paediatric Therapy to the school:

- help support your child effectively; and
- assist with arranging appropriate supports for your child whilst at School or engaged in school-related activities.

The information that may be shared include the following:

- observations of your child (including strengths, improvements or challenges)
- supports your child may require
- updates on progress
- recommendations to the School to support your child.

Your consent is voluntary.

By providing consent, you understand that:

- Believe and Achieve Paediatric Therapy may collect the information described above, which includes information about the nature and implications of your child's medical condition;
- the information collected may be disclosed to the School;
- the purpose of the information being disclosed is to help the School consider and arrange supports that are relevant for your child during school hours and school-related activities;
- the information collected may be discussed with the Principal of the School or other members of the Department with relevant expertise, as is necessary, enabling to care for your child;
- you may contact Believe and Achieve Paediatric Therapy to seek the information provided to the School;
- the information will be held by Believe and Achieve Paediatric Therapy in accordance with their respective legal obligations for the holding of information;
- you may withdraw or update your consent at any time, by contacting Believe and Achieve Paediatric Therapy in writing. Withdrawing your consent will not affect any information already shared with the School prior to your withdrawal. Withdrawing your consent may however, affect how the Service is delivered by the Provider to your child at the School, or result in the Provider being unable to continue delivering the Service to your child at the School, if certain information is necessary for the delivery of the Service by the Provider.

**Student's name** \_\_\_\_\_

**Parent/Carer's name** \_\_\_\_\_

**Parent/Carer's signature** \_\_\_\_\_

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

This form contains confidential and sensitive information. A copy of this form must be kept on the student's individual file by the School, and stored securely in line with the applicable privacy legislation and confidentiality obligations.