



Audio and Visual Consent Form

This form is provided by Nurturing Hands Allied Health ("we", "our", or "us"), a registered provider of allied health and healthcare services. Our goal is to provide you with the best care and maintain transparency in how we collect, use, and store audio and visual information.

1. Purpose of Consent

We sometimes record audio and/or visual images (such as photographs and videos) during the course of providing allied health services. The main reasons for collecting such information include:

- Documenting clinical progress and therapy outcomes
- Supporting clinical supervision and quality assurance
- Staff education and training
- Marketing and educational material (only with your explicit consent)
- Compliance with relevant legislation and industry regulations

2. Types of Recordings

Recordings may include:

- Audio recordings of therapy sessions or interviews
- Photographs for clinical assessment or progress documentation
- Video recordings for educational, clinical, or promotional purposes

Recordings will always be taken with integrity and respect for your privacy and dignity.

3. How We Use and Store Your Information

All audio and visual recordings will be securely stored in accordance with our Privacy Policy, the NDIS Code of Conduct, the Privacy Act 1988 (Cth), and other applicable laws.

Recordings will not be shared with third parties without your written permission, except where required by law or for safety reasons.

If used for promotional, marketing, or education purposes (e.g., website, social media, training), we will seek your explicit and separate permission.

For more detail, you can read our [Privacy Policy](#).

4. Your Rights

Voluntary consent: You do not have to consent to audio or visual recordings for the provision of services.

Change of mind: You can withdraw your consent at any time by notifying us in writing. This will not affect services already received.

Access: You have the right to access any audio or visual data we hold about you upon written request.



5. Consent Agreement

Please read and indicate your choice below:

I consent to the following: *(Please tick as appropriate)*

- ☐ Audio recording of therapy sessions
- ☐ Video recording of therapy sessions
- ☐ Photographs for clinical documentation
- ☐ Use of audio/visual materials for staff training
- ☐ Use of audio/visual materials for marketing/education (e.g., website, social media, brochures)

Optional: I understand that I may withdraw this consent at any time by contacting Nurturing Hands Allied Health at [Contact Page](#).

6. Client Details

Full name or Name of Parent/Guardian:

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Email:

.....

Phone:

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Home Address:

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Mailing Address:

(If different from Home Address)

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NDIS or TAC Reference Number:

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Signature:

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Date:

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Should you have any questions, please contact us via:

- Phone: 0419 54 59 51
- Email: deb@nurturing-hands.com.au or
- [Contact form](#)

By signing this form, you acknowledge that you have read and understood the information above and voluntarily consent as indicated.