Northern Occupational Therapy Services Consent Form

Client / Participant Details	
Name	
Date of Birth	
Phone	
Email	
Address	
Emergency Contact / Relationship	
Referrer (if applicable)	

Collection and use of personal information

Northern Occupational Therapy Services collects and stores personal and health information relevant to your care. This may include contact details, medical history, reports, assessments, goals, progress notes, photographs, and information from other treating providers. This information is used to assess your needs, deliver therapy, maintain records, communicate with relevant providers, and meet legal and professional obligations.

Privacy, confidentiality and records

Your information will be handled confidentially and stored securely. You may request access to your information and ask for corrections where appropriate. Information may only be disclosed with your consent, where required or authorised by law, where there is a serious safety risk, or for lawful record requests and professional supervision or quality improvement processes.

Fees, billing and service agreement terms

Occupational therapy services are provided on a fee-for-service basis. Fees may apply for therapy, assessments, report writing, letters, case conferencing, clinical

documentation, liaison with other providers, travel where permitted, and other work reasonably required to deliver your service. The applicable fees and claiming arrangements will be discussed before services begin and may depend on whether services are privately funded, NDIS funded, or funded by another scheme.

Travel time and other travel-related costs may be charged where permitted and agreed in advance. If a written report, assessment summary, assistive technology recommendation, home modification report, or other formal document is requested, the time taken to prepare that document will be billed at the applicable rate.

You are responsible for ensuring that your funding arrangement is suitable for the agreed services. If your funding body does not pay for a service, cancellation fee, report, or other agreed charge, you may be responsible for payment unless otherwise agreed in writing.

Cancellations and missed appointments

Please provide as much notice as possible if you need to cancel or reschedule. Short-notice cancellation terms may apply where less than 24 hours notice is provided, or where a participant does not attend a booked service, subject to the rules of the relevant funding body and any written service agreement.

If the service provider needs to cancel or reschedule, reasonable notice will be given where possible and an alternative appointment will be offered. No travel costs will be charged where they were not incurred.

By signing this form, I acknowledge that fees, billing arrangements, report writing charges, travel charges where applicable, and cancellation terms have been explained to me and that I have had the opportunity to ask questions.

Client rights

I understand that I can ask questions at any time, decline any part of the assessment or service, withdraw consent, and request access to my information in accordance with applicable privacy and health records requirements

Consent item *Please tick one option for each item.*	**Yes**	**No**
Collection, storage and use of my personal and health information for assessment, therapy, record keeping and administration.	☐	☐
Sharing relevant information with my doctor, specialists, allied health practitioners, educators, support coordinators, care providers, insurers, or funding bodies where reasonably necessary for my care.	☐	☐
Providing reports, recommendations and assessment outcomes to relevant people or organisations involved in my care or funding, as agreed with me.	☐	☐
Taking and storing photographs and/or video where relevant to assessment, equipment prescription, home modification planning, clinical documentation or monitoring progress.	☐	☐
Using de-identified photographs and/or video for professional supervision, education, quality improvement or case discussion.	☐	☐
Providing occupational therapy services by telehealth where appropriate.	☐	☐

Consent declaration

I confirm that the occupational therapy service has been explained to me in a way I understand. I have had the opportunity to ask questions and I consent to proceed with occupational therapy services on the terms outlined above.

Signatures

Client / Participant **Date:**	**Printed Name:**	**Signature:**
Parent / Guardian **Date:**	**Printed Name:**	**Signature:**
Relationship to Client		

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