

Participant Consent Form



We collect information about you for the primary purpose of providing quality supports and services to you. We need to collect some personal information from you to ensure our services meet your needs. If you do not provide this information, we may be unable to fully provide these services. This information will also be used for:

- a. administrative purposes for running our service
- b. billing you directly, through the NDIS, or other agency if required
- c. use within our service to ensure you are provided with quality supports and services
- d. disclosure of information to the NDIA, the NDIS Quality and Safeguards Commission, or other government agencies if needed
- e. disclosure of information to health professionals to ensure high quality health care for you if needed
- f. disclosure to other providers, with your consent, in order to provide appropriate services.

We do not disclose your personal information to overseas recipients.

We have a privacy policy that is available on request. That policy provides guidelines on the collection, use, disclosure and security of your information.

To ensure the process of quality supports and services, information about you may be given to other service providers who also provide you services.

I, (Name) on behalf of (Participant) have read the above information and understand the reasons for the collection of my personal information and the ways in which the information may be used and disclosed and I agree to that use and disclosure

- understand that this consent is valid only for the time specified
- 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 the supports and services I receive
- am aware that I can access my personal information and shift notes on request and if necessary, correct any information I believe to be inaccurate
- 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
- have been provided with or have been given an opportunity to obtain a copy of the privacy policy.

☐ I consent to provide my personal information to Reach Out Support Co.

☐ This consent will be valid for 12 month(s) from the date of my signature below (12 months max)

☐ I consent for my personal information to be shared with:

Participant signature _____ Date _____

Legal guardian signature (if required) _____

Name of legal guardian _____ Date _____

Name of staff member _____ Date _____

Service name: Reach Out Support Co.

