

# Consent Form



Client/Participant Details:					
Name:		Date of Birth:			
Address:		Gender:	Male	Female	
Phone:		Client #:			
<p><b>Service</b></p> <p>As part of providing services to you, AT LAB will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the service that is provided. You do not have to give all your personal information, but if you don't, this may mean AT LAB may not be able to assist you fully.</p> <p><b>Purpose of collecting and holding information</b></p> <p>The information is gathered in order to provide suitable services. The information is retained in order to document what happens during services and enables AT LAB to provide a relevant and informed service.</p> <p><b>Access to client information</b></p> <p>At any stage you as a client are entitled to access the information about you kept on file, unless relevant legislation provides otherwise. AT LAB may discuss appropriate forms of access with you.</p> <p><b>Confidentiality</b></p> <p>All personal information gathered by AT LAB during the service will remain confidential and secure except where:</p> <ol style="list-style-type: none"> <li>1. Failure to disclose the information would place you or another person at serious and imminent risk.</li> <li>2. There is an obligation to disclose the information under the Freedom of Information Act.</li> <li>3. It is subpoenaed by a court or child protection agency.</li> <li>4. It is used in relation to legal proceedings or for obtaining advice in respect of any potential legal proceedings.</li> <li>5. De-identified information is used for reporting, evaluation and statistical purposes.</li> <li>6. Information is discussed as part of an approved professional supervision process.</li> <li>7. Your prior approval has been obtained to provide a written report to another professional or agency (e.g., a GP); or discuss the material with another person, (e.g., a family member, employer, service provider).</li> <li>8. If disclosure is otherwise required or authorised by law.</li> </ol> <p>All personal information is maintained in a locked filing cabinet or secure online system.</p>					
Yes No	I consent to medical, allied health and other information (ie reports and assessments) to be stored and obtained by AT LAB that is considered relevant to the assessment and delivery of services.				
Yes No	I consent to assessment results and reports completed by AT LAB to be made available to service providers with consent to obtain my information. This could include medical, allied health and other service providers.				
Yes No	I consent to AT LAB recording and storing photographs relevant to the assessment and delivery of services including person, equipment and environment.				
Yes No	I consent to AT LAB using stored photographs for the purpose of professional development and case study presentations      Identified or      De-identified				
Client Name:		Signature		Date:	
Guardian Name:		Signature		Date:	