

## Client Consent Form

*At Therapy Pro, we provide you the therapy services you need  
- delivered the way you want.*

Name of Client:

If completing on behalf of client,  
Representative name:

Representative relationship to client: Please  
select as appropriate:

- The client's parent or family member
- The client's representative
- Decision maker or guardian
- Support Coordinator
- NDIA or LAC, NDIS Partner

## Privacy & Consent Statement

We need to collect and store personal information about you to make sure we provide you the most appropriate assistance and a quality service. Therapy Pro collects personal information in accordance with the *Commonwealth Privacy Act 1998*, and with other relevant State and Territory government legislation. We will collect your information in a fair, legal and transparent way. You have a right to access your personal information. Therapy Pro will keep client information for 7 years or longer where legislated.

The information we collect from you while you access our services is stored securely in our client management system. Therapy Pro only uses your information for the purpose of providing you a service, or for other purposes that you agree to with us.

Therapy Pro has a duty of care to the people we work with. Therapists need to make sure we support you or others to be safe, so if there are any risks relating to the harm, abuse or neglect of people we provide therapy to, there are some limits to keeping all personal information private.

If there is a risk to you, or to someone we work with, Therapy Pro may need to share information with the relevant third parties. If we need to provide your information as a legal requirement, we will let you know this has occurred.

If you need to withdraw your consent, you can do so at any time by calling us or writing to us.

We are required to review your consent to share information every year at a minimum, to make ensure it is up to date, relevant and we have currency of information. We are required to do this as defined by the NDIS Practice Standards, of which we are audited against on a regular cycle.

## Allied Health Service and Information Sharing Consent:

I hereby acknowledge that Therapy Pro has advised me/the client of the following:

- Why Therapy Pro collects personal information;
- What happens to personal information, how it is used and how it is stored;
- Client rights to access personal information;
- Client rights to withdraw consent at any time;

To provide a quality therapeutic service, I am/the client is aware and understand that Therapy Pro may receive and disclose personal information as necessary and required to inform the provision of therapy services, including Occupational and Speech, Physio Therapies, Early Childhood Early Services, Psychology and Counselling Services, Positive Behaviour Support Planning. Your informed consent will be obtained before any assessment, treatment or procedure is initiated and you may withdraw from treatment at any time without prejudice. Reasonably foreseeable risks, adverse effects, and possible disadvantages of the assessment, treatment or procedure will also be detailed in advance.

**I agree that personal information specific to my health, disability or therapy requirements may be shared and gathered. I agree for personal information to be shared and gathered with the following agencies and persons:**

- National Disability Insurance Agency (NDIA)
- Plan Manager
- Support Coordinator
- Support Staff
- Health Professionals including Medical and Allied Health providers
- Adult Training Services
- Education Professionals
- Housing Providers
- Family Members
- Guardian

**OR**

**I nominate that personal information *only* be disclosed to the specific person/s or agencies listed here:**

**Are there any agencies or persons' you do not want us to share or gather additional information with? Please list them here:**

I understand that Therapy Pro must comply with the *Privacy Act 1988* and relevant State government privacy laws, and I will contact Therapy Pro immediately if I feel that these laws have been breached.

### Limitations to confidentiality

All personal information gathered by the therapist during the provision of therapeutic services will remain confidential except when:

1. It is subpoenaed by a court; *or*
2. Suspected or reported risk of harm to self or others (i.e. suicidal or self-harm ideation/plan/intent; homicidal ideation/plan/intent); *or*
3. Criminal act requiring reporting to the Policing Services; *or*
4. Current alleged or actual observed abuse, harm or neglect to a client requiring reporting to authorising bodies as per NDIS Practice Standards (this could include, for example, Child Safety/Protection bodies across States and Territories or the NDIS Quality and Safeguarding Commission); *or*
5. Your prior approval has been obtained to:
  - a. provide a written report to another professional or agency. e.g. GP, school or a lawyer; *or*
  - b. discuss the material with another person, e.g. a parent, employer or health provider; *or*
  - c. disclose the information in another way; *or*
  - d. When consulting with colleagues, or in the course of confidential clinical supervision, your therapist may be required to conceal your identity and any associated parties involved; and to preserve your privacy at the utmost professional manner in accordance with the NDIS Quality and Safeguarding Commission Practice Standards and Codes of Ethics of professional registration bodies.

### Additional Consents:

From time to time a Therapy Pro therapist may have another therapist/student with them for educational or supervision purposes. Are you / the client happy to consent to this:

<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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Therapy Pro will from time to time be audited relative to our NDIS compliance requirements. Do you / the client wish to:

<input type="checkbox"/> <b>Opt In</b> to participate in auditing activities <input type="checkbox"/> <b>Opt Out</b> to not participate in auditing activities
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Therapy Pro may, with your / the client’s permission, take and use audio, video and/or photographic images to illustrate and record therapy interventions and outcomes. Any recordings made will be securely stored. You/the client has a right to access the material as part of your personal information, and you / the client has a right to withdraw the consent at any time.

Do you / the client agree for Therapy Pro to use images as outlined:

<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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Therapy Pro may with your/the client's permission take and use audio, video and/or photographic images for external education and marketing purposes, such as publicity communications including print and electronic media.

Do you / the client agree for Therapy Pro to use images as outlined:

- Yes  
 No

## Authorisation

**Client or Representative Signature:**

Printed Name:

*[If signatory is not client, please add client's name:*

Date:

**Name of Therapy Pro Staff Member (if witnessed):**

Signature:

Date: