

# Privacy & Consent Statement

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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 Federal and State 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. We are required to review your consent to share information every year at a minimum, to make ensure it is up to date.

The information we collect from you while you access our services is stored securely in our electronic client management system. Clinical information in this electronic client management system can be accessed by your therapist, as well as their operational manager and clinical supervisor. If you are receiving multidisciplinary services from multiple Therapy Pro therapists, then each of these therapists and their manager/supervisor has access to the information on your file. Therapy Pro only uses your information for the purpose of providing you a service, administering your service, or for other purposes that you agree to with us.

Your Therapy Pro therapist may be required to discuss de-identified aspects of the clinical services they are providing to internal and external clinical supervisors or regulatory agencies (inclusive of the Australian Health Practitioner Regulation Agency or NDIS). 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.

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

## 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 provide a written report to another professional or agency (e.g., GP, school or a lawyer); discuss the material with another person (e.g., a parent, employer or health provider); *or* disclose the information in another way

Please tick the checkboxes overleaf if you agree. If you do not consent/agree please leave checkbox empty.

# Client Consent and Authority to Exchange Information

Name of Client:

## Allied Health Service and Information Sharing Consent:

To provide a quality therapeutic service, I am/the client is aware and understand that Therapy Pro may gather, store and disclose personal information as necessary and required to inform the provision of therapy services. 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. Some health information, such as can not be shared, and is subject to specific clinical guidelines around sharing.

I agree for personal information to be shared and gathered with the following agencies and persons:

- The relevant Insurer or Scheme: eg. National Disability Insurance Agency (NDIA), TAC, Workcover
- Case Manager / Plan Manager
- Support Coordinator
- Support Staff
- Health Professionals including Medical and Allied Health providers
- Adult Training Services
- Education Professionals
- Housing Providers
- Family Members
- Nominated 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 other relevant government privacy laws, and I will contact Therapy Pro immediately if I feel that my privacy has been breached.

**I acknowledge** that Therapy Pro has advised me/the client of 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; and, Client rights to withdraw consent at any time.

**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:

**Yes**  
 **No**

Therapy Pro will from time to time be audited relative to our health professional and compliance requirements.

Do you / the client wish to:

**Opt In** to participate in auditing activities  
 **Opt Out** to **not** participate in auditing activities

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:*

*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

Date: