

|   |  |                         |  |
|---|--|-------------------------|--|
| <b>Name of the person LWB supports:</b> |  |                         |  |
| <b>CIRTS ID:</b>                        |  | <b>Date of Consent:</b> |  |

**1. Purpose of this Consent Form**

Life Without Barriers (LWB) will need to collect and hold **Personal Information** about you. Sometimes, we may need to use and share your Personal Information with other people or organisations. This may include other Service Providers or government or non-government agencies.

LWB will collect Personal Information from you that we use to assess your support needs. This is so that we can make sure you get the right supports.

LWB may need to collect Personal Information about you so that we can meet the conditions of the National Disability Insurance Scheme (NDIS). LWB may also be required by law to collect Personal Information about you.

LWB will respect and protect your privacy and dignity when using your Personal Information. LWB will follow the *National Disability Insurance Scheme Act 2013* and the Australian Privacy Principles (APPs), which are in the *Privacy Act 1988* (Cth), and which describe how we are required by law to collect, hold, use and disclose your personal information.

**2. What is Personal Information**

Personal Information is information about you. It will range from your name and contact details to sensitive information such as your health information. This includes information about your NDIS plan and assessments and supporting documents about your health, safety, and wellbeing, such as medical records. It may also include other sensitive information about you like your race or ethnic origin or criminal record.

**3. Collection and Use of Your Personal Information**

We will only use your Personal Information for the reason you gave it to us or to support activities in delivering a service to you or for internal business functions, such as assessing risk.

We may need to provide **Service Providers** with your Personal Information. This may include, but is not limited to:

hospitals, health care providers, pharmacies, legal providers, government bodies and agencies including the NDIS Quality and Safeguards Commission, Medicare, family and social support providers, housing providers, educational providers, and public transport organisations.

We may also need to disclose your information to organisations who assist with our business functions, such as IT providers.

LWB will need to access your Personal Information on the NDIS Portal. This is so that we can support you. You do not have to supply your NDIS plan to LWB. If you do not provide LWB with a copy of your plan or some or all of your Personal Information, LWB may not be able to provide you with all of the services you request.

I approve LWB to:

- a) Collect, use, and store my Personal Information so that LWB can provide services to me  Yes  No
- b) Collect, use, and share my Personal Information with Service Providers, except for those I have specified below, while I am receiving services from LWB  Yes  No
- c) Access and use my de-identified Personal Information for research, analysis, reporting and improvement, including in external publications  Yes  No
- d) Access my Personal Information on the NDIS Portal  Yes  No
- e) Access a copy of my NDIS Plan from the NDIA or its agents  Yes  No
- f) Access the part of my NDIS Plan, from the NDIA or its agents, which refers to the supports I will receive from LWB  Yes  No

If there are any people or Service Providers that you do not want LWB to share your Personal Information with, please list them below:

There may be times when LWB will ask you for your verbal consent to share Personal Information. This may be so that we can quickly refer you to services or supports. LWB will record the date you provide this consent in our Client Records system.

There may also be times when we need to use your Personal Information or provide it to other parties without your consent, for example, if there is a serious threat to someone's life, health, or safety, or if required or authorised by law.

#### **4. Photography**

Can LWB take and use your photograph in things like brochures or newsletters?  Yes  No

#### **5. Storage of Information**

LWB will safely store your Personal Information in our Client Records system.

#### **6. Access to and Amendment of Personal Information**

You can ask LWB for details of the Personal Information we hold about you and ask us to correct your Personal Information if it is not correct.

#### **7. Privacy Policy**

LWB's Privacy Policy can be found [here](http://www.lwb.org.au/about-us/governance/privacy-policy/): (www.lwb.org.au/about-us/governance/privacy-policy/). LWB's Privacy Policy includes information about:

- Ways LWB may collect, store, use, and share your Personal Information;
- How you may access your Personal Information;
- How you can ask LWB to correct mistakes in your Personal Information;
- How to complain about a breach of your privacy rights; and
- Details of LWB's complaint handling process.

Please contact the LWB Privacy Officer if you have a privacy-related enquiry:

|                       |   |
|-----------------------|---|
| Life Without Barriers | P:(02) 4033 4500  |
| PO Box 2226           | F: (02) 4927 5113   |
| DANGAR NSW 2309       | E: <a href="mailto:privacyofficer@lwb.org.au">privacyofficer@lwb.org.au</a> |

**8. Acknowledgements**

Please read the following acknowledgements. If you are unable to read them, an LWB staff member will read them to you.

If you are providing written consent, please complete your details below and sign.

If you are not able to sign and/or are giving verbal consent, these acknowledgments still apply. In this case, an LWB staff member will sign this form after explaining them to you.

You acknowledge that:

- You have read and understood this form OR an LWB staff member has explained this form to you, and you understand what has been said.
- You approve LWB to collect, use, share, and store your Personal Information in the ways explained in this form.
- You can withdraw your consent at any time.
- If you withdraw your consent, LWB may not be able to provide you with some or all the services you request; and
- The details provided in this form are true and correct.

| <b>SIGNATURE OF THE PERSON WE SUPPORT</b>  |  |
|--|--|
| Name   |  |
| Signature  |  |
| Date   |  |
| <b>OR</b>  |  |
| <b>SIGNATURE of AUTHORISED DECISION MAKER</b> ( <i>where a person is supported to make decisions</i> ) |  |
| Name of the Person we support  |  |
| Name of Signatory  |  |
| Relationship to the person   |  |
| Signature  |  |
| Date   |  |
| <b>AND</b>   |  |
| Name of LWB Representative   |  |
| Signature of Representative  |  |
| Date   |  |

**LWB USE ONLY**

If verbal consent has been provided to an LWB representative by the the person we support, or the person’s parent, guardian, or authorised representative (*to be completed by the LWB representative*):

**I confirm that:**

1. I have fully explained all the information in this Consent Form to insert name who is the *Choose an item*.
2. The information in this Consent Form reflects the express wishes of the person LWB supports, or the person’s parent/family member, guardian, or authorised decision maker.

|  |  |
|--|--|
| Name of LWB Representative   |  |
| Signature of Representative  |  |
| Date verbal consent received   |  |
| LWB Representative has recorded a progress note of the conversation. | <input type="checkbox"/> Yes <input type="checkbox"/> No |