

Independent Living Centre Tasmania (ILCT) Consent Form

Client Details

Name:	
Date of Birth:	Age:

Independent Living Centre Tasmania (ILCT) needs information about you to provide you with our services. Open and honest communication with you and your team is important for us to offer you the best services we can. We may need to collect information about you and share some of the information we have with other people and services to help you meet your goals. We need your written consent to share your information. This information may be in hard copy, electronic, video or audio formats.

All your personal information is private and confidential. The Personal Information Protection Act (2004), the Privacy Act (1988) and related legislation and updates cover how we store and use your personal information. You may access the information ILCT has about you. We can give you a copy of our Privacy policy.

ILCT needs to give statistical information about the people who use ILCT services to the NDIS and Government agencies, e.g. Department of Health and Human Services (DHHS). Information we give to Government agencies does not identify you.

Person providing consent:

Self Parent Guardian Plan nominee

I am the appropriate person to give consent for the person being referred. I consent to the use of information about the person named above being used as outlined.

Name of person giving consent (and witness if appropriate person unable to sign):	
Address:	
Contact number and/or email:	
Signature:	Date:

Please continue over page

Key People and Agencies

Some of the people we may need to talk to:

- Parents
- Other family members
- Guardian
- Case manager
- Advocate
- Day support staff
- Teacher
- Group home staff
- Key worker
- Other health professionals

I authorise ILCT to contact relevant individuals, organisations or services for information to help with my referral. If more than four key people and agencies, please attached separately. Please specify below:

Name:	Contact number:
Role:	Email:

Name:	Contact number:
Role:	Email:

Name:	Contact number:
Role:	Email:

Name:	Contact number:
Role:	Email:

Important information & Additional Consents Please tick the relevant boxes below:

- I understand that I may withdraw my consent for ILCT to contact relevant individuals, organisations or services for information to help with my referral at any time.
- I understand I may change my consent approval to include additional individuals, organisations or services at any time.
- I consent to any recording, photographs or filming of care.
- I acknowledge that I have read and understood the Privacy policy and Rights and Responsibilities as outlined in the ILCT Service agreement. You are also consenting to the collection and use of your personal information as described in the policy.

Optional Consents: Please tick the relevant boxes below:

- To support ILCT in providing practical training and education I consent to undergraduate and post-graduate allied health care students being involved in my clinical care under the supervision of a health care professional.
- I consent to being involved in research.
- I want to receive promotional materials about services available through the Independent Living Centre Tasmania.