

Consent to Collect, Use and Disclose Information

Do it with Purpose Occupational Therapy collects personal information through a variety of methods including electronic or face-to-face interactions; interaction with our website; requests for information; and provision of goods and services. We may also collect personal information directly from individuals, or their authorised representatives, and through referrals from other service providers.

Our primary purpose for collecting information is to provide a quality service to our clients. Our policy is to respect and protect the privacy of all people connected with Do it with Purpose Occupational Therapy. We have a *Privacy and Information Management Policy and Procedures* (available on our website, or on request) which applies to how we collect, use, hold and dispose of personal information and data. We may also use personally identifiable information to inform clients of other products or services available from Do it with Purpose Occupational Therapy. We may also contact you via surveys to conduct research about your opinion of current services or of potential new services that may be offered. This Policy also tells clients how they can access and amend their personal information and how they may make a complaint if they think that we have breached our privacy obligations.

To ensure the process of quality treatment provision, personal health and treatment information maintained by Do it with Purpose Occupational Therapy may be disclosed to other relevant service providers, who are involved in the client's treatment and management. Information is only shared to provide the best service possible and is only shared with those people whose Professional Codes of Ethics include privacy and confidentiality. The sharing of such personal information for this purpose requires the client's informed consent. Permission to share information is sought from the participant prior to the delivery of services and as required at other points of intervention as / if required. That is, before disclosing any information relating to a client's affairs to a third party, we clearly inform the client that such disclosure will be made and obtain their permission. We will not ask for a broader consent than is necessary.

Consent is only valid if the client is aware of the consequences of giving or not giving consent at the time that they make the decision. The client can withdraw consent at any time. We aim to make sure the process is easy and accessible, and that the client understands the possible consequences of withdrawing consent. For example, the client may no longer have access to a service. Once consent is withdrawn, we will not rely on past consent for any future use or disclosure of personal information.

For consent to be valid, the client must have the capacity to give consent. Where the client is unable to give such consent Do it with Purpose Occupational Therapy will consider if someone can act on the individual's behalf.

Do it with Purpose Occupational Therapy secures personal information from unauthorised access, use or disclosure. We secure the personally identifiable information provided on computers in a controlled, secure environment, protected from unauthorised access, use or disclosure.

Do it with Purpose Occupational Therapy does not sell, rent, or lease its client lists to third parties. Where services are provided by us on behalf of a third-party, personal information may be provided back to the third party where the person receiving the service provides informed consent; or where the disclosure is authorised or required under law. Such third parties are required to maintain the confidentiality of your information.

Participant information is stored for seven years post the date of last discharge. In the case of participants aged under 18 years, information is kept until their 25th birthday and 7 years post discharge.

Personal information is not disclosed to third parties outside of Do it with Purpose Occupational Therapy, other than for a purpose made known to the participant and to which they have consented, or unless required by law. There may be circumstances when the law requires us to share information without your consent. We do not disclose your personal information to overseas recipients.



Please read each of the following statements carefully and tick the box beside the statement if you agree.

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| I have read the information above and understand the reasons why the information must be collected and used. | |
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| I consent to the handling of my information by the practice for the purposes set out on this form. | |
| I understand that if my information is to be used for any other purposes than those set out above, my further consent will be obtained. | |
| I understand that I am not obliged to provide any information requested of me, but that withholding or falsifying information may compromise the quality of health care and service given to me or if I provide information but want to put limitations on access or disclosure, I will discuss these with the practice beforehand. | |
| I am aware of my rights to access information collected about me, except in circumstances where access may be legitimately withheld. I understand I will receive an explanation of why the information is being withheld in these circumstances. | |
| I am aware that I can access my personal and treatment information on request and if necessary, correct information that I believe to be inaccurate. | |
| I understand that the Practice may use and/or disclose information about my health or condition and the treatment provided to me in order for the Practice to treat me and obtain payment for that treatment, and as necessary for the Practice to conduct its specific health care operations. | |
| I consent to being sent appointment reminders by SMS, email, letter, or telephone and also healthcare correspondence by mail, email or fax. | |
| I understand that where the client is my child, depending on the age of my child, and given my child's right to privacy, in the clinical judgement of the Occupational Therapist treating my child, I may be prevented from access to information regarding my child's healthcare. | |
| I have been provided with or have been given an opportunity to obtain a copy Do it with Purpose Occupational Therapy's Privacy and Information Management Policy. | |
| OR | |
| I am unsure and would like to discuss further with someone from Do it with Purpose Occupational Therapy before signing. | |

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| Name: | Date of Birth: |
| Client /Parent/Guardian Signature: | Date: |