

NDIS CONSENT TO COLLECT AND SHARE INFORMATION

PROVIDER DECLARATION

Alzheimer's Queensland will work closely with other service providers, to coordinate the best support for you. We need your consent to share your information, except when:

- We are obliged by law to disclose your information;
- It is unreasonable or impracticable to gain consent or has been refused; and
- The disclosure is reasonably necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people.

I, _____, authorise Alzheimer's Queensland to collect, share and access necessary information for the purpose of:

- Contacting treating GP, Health Professionals, previous or current Service Providers, Support Coordinators, Plan Managers, Case Managers or Care Workers
 - Clarification of Assessments and Reports
 - Liaising with the National Disability Insurance Agency and other service providers related directly to the provision of appropriate support
 - Liaison with authorised staff, family members, carers, guardians, advocates or others that are supporting your plan process
 - Accessing personal records for the purposes of auditing and reporting processes
 - Provide information to emergency response personnel as required
 - Recording of data for government funded programs
 - Consent for photographs to be taken of client for client's file
 - Consent to allow photographs to be used in centre newsletter and displayed in the centre
 - Consent to photos being used for publications, website and educational purposes
 - Consent for Alzheimers Queensland to assist client to take medication from a Webster pack or original labelled package
 - Please indicate if there are any other parties which can assist in the provision of support
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INTERPRETER SECTION

I, _____ being an interpreter who has assisted _____ (person who signed the above form of consent) to understand the meaning of this consent confirm that I have translated the form accurately and explained its meaning to the consumer/resident/next of kin/authorised attorney before it was signed.

Interpreter signature: _____ **Date:** _____

Name of interpreter (print): _____

EXCLUSIONS

Irrespective to any request received, I direct you **NOT** to provide my personal information to (please specify name/details)

I understand that these records are to be kept private and confidential and stored in a secure system with limited and authorised access.

Signature: _____ **Date:** _____

Name of person signing (print): _____

Witness signature: _____ **Date:** _____

Name of witness (print): _____