

CONSENT TO COLLECT INFORMATION

What is this form for?

This form explains how we collect, use and disclose certain personal information about you, being your name, demographic, clinical and biographical information and your image, including in photos, videos and recordings ('**Personal Information**').

From time to time, Alzheimer's Queensland ('**AQ**') will use, store and collect Personal Information.

We understand the importance of appropriate and respectful use of the personal details and images of residents.

This form allows you to record your consent to participate for us to use your Personal Information in the ways outlined in this form.

Personal Information

From time to time, AQ may use your Personal Information in the following ways:

1. To contact your doctor or allied health provider involved in your care
2. To provide information to emergency response personnel as required
3. To record of data for government funded programs
4. To include a photograph of you for your clinical file
5. To provide information to a research body who is conducting relevant research approved by a recognised ethics committee.

Consent and agreement – please tick the relevant boxes and complete the signature panel below

By ticking this box, you consent and agree:

we may contact your doctor or allied health provider involved in my care

we may Provide information to emergency response personnel as required

we may provide relevant clinical information to a treating hospital

we may record of data for government funded programs

we may take and use your photograph for your clinical

we may provide your information to a research body who is conducting relevant research approved by a recognised ethics committee.

By signing below, you (Consumer &/or Representative) acknowledge that you have carefully read this document and consent and agree to the items above:

Consumer's Name:

Consumer's Signature:

Representative's name:

Representative signature:

Representative's authority:
(must be Power of Attorney or other legal authority)

Date:

Consumer's mobile number:
(we may use this to communicate with you)

Opting out

You may withdraw your consent at any time by contacting AQ at enquiries@alzqld.org.au or on (07) 3422 3000. However, AQ may continue to distribute material containing your Published Information where that material was prepared, published or communicated before your consent was withdrawn.

General privacy information

This form should also be read in conjunction with AQ's Privacy Policy, which sets out further detail about how we collect, use, store and disclose and otherwise handle personal information. Our privacy policy also explains your rights in relation to accessing personal information we hold about you, which may require payment of a reasonable fee.

You can access our privacy policy by visiting our website or by contacting AQ.

For consumers, further information about how we use your personal information can also be found in the Privacy section of your Service Agreement.

Complaints

If you are concerned about the way AQ handles your personal information, you can make a complaint by following the complaints process set out in AQ's Privacy Policy under the heading 'Grievance Procedure'.

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)