**Thrive Rehab Sharing Information Consent Form**

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**Part A - Background information**

As described in our [privacy policy](https://www.janegalvinot.com/privacy), we collect relevant background information to assist in providing you with the best service possible.  Usually we will ask you to provide copies of any reports that might be relevant to your therapy service with Thrive Rehab.

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Sometimes it may be necessary for Thrive Rehab to contact a third party to seek information about you. However, we need your permission to do so, and will only speak with other people if you have given us permission to speak with them. The information we may ask about includes:

* information about your disability,
* information about the supports you access, and the people who support you (eg, support coordinators, support workers and others)
* medical or therapy reports, including behaviour support plans

If you agree to Thrive Rehab sharing and receiving information about you from third parties, please fill in and sign the form on the next page.

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We will only share this form with third parties to show them you have agreed for us to talk to them about you and exchange information about you.

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If you do not want this to happen, you do not have to give your permission.  Also, if after signing this form you decide you do not want Thrive Rehab to have permission anymore, you can withdraw your consent by contacting us.  If we do not have all the information we need, we will discuss with you how this might impact on the services we can provide.

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Wherever possible, we will ask you for your information rather than asking someone else.

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We will only share information about you where you have given us your permission to do this.  Usually we will aim to provide copies of all reports directly to you, so that you are able to share this information however you choose.

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**Information about you**

**​**

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| --- |
| **Your contact details:** |

Surname

 ames

Date of bi

**Part B: Parent, legal guardian or representative**

Fill out this section if you are completing this form on behalf of:

* a person under 18 years for whom you have parental responsibility, or
* a person for whom you are a legal guardian or representative.

|  |
| --- |
| Your contact details: |

Surname

Given names

What is your

**Part C - Your information and privacy**

Any personal information held by Thrive Rehab is protected under the National Disability Insurance Scheme Act 2013 and the Privacy Act 1988.

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You can find more information about how Thrive Rehab collects, uses, discloses and stores your personal information in the Privacy Policy at www.thriverehab.com.au

**Part D - Giving consent**

Do you consent to Thrive Rehab talking to other people about you; giving them information about you and getting information about you from:

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Please provide contact details for therapists, support workers, teachers, other medical professionals, or anyone else you think relevant that you are happy for us to contact:

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          Yes, I consent for you to contact the following people (please fill in as much information as possible, and tick the appropriate box/es):

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| --- |
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          No, I do not consent. I will provide the information myself

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**Part E: Signature**

By signing this Consent Form:

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          I understand I can obtain further information about how Thrive Rehab handles my personal information from the Privacy Policy at www.thriverehab.com.au .

          I understand I have given Thrive Rehab consent to ask for information about me and share my information with third parties.

          I understand I can withdraw my consent at any time.

 Date:

|  |
| --- |
| Phone number:​ |
| Email address: |
| Postal address:​ |
| Phone number:​ |
| Email address: |

Service Provider Name

Contact Details

Consent to ask for written reports

Consent to discuss current program goals over the phone