

Consent Form My Information



Ability WA needs your personal information to give you the best support and service. This document explains how Ability WA will collect and use your personal information.

We will ask you to sign this document, if you agree on how your personal information can be used.



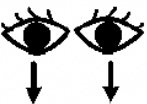
Personal information includes:

- Your name
- Where you live
- How to contact you
- Your Emergency Contacts
- Your needs and supports
- Your goals and choices
- What NDIS funding you have



If you say it is ok, Ability WA can share your personal information with your family, doctors or medical team, another service provider or other Ability WA staff members.

You do not need to give your permission if you do not want to.



You can ask to see what personal information we have for you.



You can tell us to stop using your information whenever you like. You can call us on 1300 106 106 or send us an email at ndis@abilitywa.com.au.



There are times when we might need to share information without your choice, for legal reasons. For example, with doctors or police if there is an emergency.



Your personal information is kept safe in our Customer Management System (computer). Only Ability WA staff, who have all signed a confidentiality agreement, can see and use it.

Part A: Customer details

Full Name	
Date of Birth (DD/MM/YYYY)	
Mobile Number	
Other Phone	
Email Address	

Part B: Customer Representative or legally appointed Guardian

Please provide your details in this section if you are completing this form on behalf of a customer.

Please mark the relevant box below to indicate your relationship to the customer

- Parent / guardian of a child under 18 years
- Legally appointed guardian of a child under 18 years
- Customer Representative for a customer over 18 years with limited, or without decision making capacity
- Legally appointed guardian for a customer over 18 years with limited, or without decision making capacity

Full Name	
Date of Birth (DD/MM/YYYY)	
Mobile Number	
Other Phone	
Email Address	

Each parent is considered to have equal parental responsibility by Ability WA unless there are legal orders in place about access to a child, information about a child or decision making on behalf of the child.

Please list anyone you **do not** want us to exchange information with, however you will be asked to provide a copy of any parenting order/s.

Full Name	
Relationship to Customer	
Mobile Number	
Other Phone	
Email Address	

Part C: Third party details and consent to share information

I (or the customer I am representing who is identified in Part A of this form) provide the following consents –

Name/ Organisation/ Relationship	When information can be shared?	What information can be shared?	Length of time consent is valid
	<input type="checkbox"/> At any time <input type="checkbox"/> If I am unwell or injured <input type="checkbox"/> Only when I say so	<input type="checkbox"/> My personal information profile <input type="checkbox"/> My Ability WA Support plan <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Ongoing <input type="checkbox"/> For the length of my Service Agreement <input type="checkbox"/> For a set time ending: <input type="text"/> <input type="checkbox"/> Once only
	<input type="checkbox"/> At any time <input type="checkbox"/> If I am unwell or injured <input type="checkbox"/> Only when I say so	<input type="checkbox"/> My personal information profile <input type="checkbox"/> My Ability WA Support plan <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Ongoing <input type="checkbox"/> For the length of my Service Agreement <input type="checkbox"/> For a set time ending: <input type="text"/> <input type="checkbox"/> Once only
	<input type="checkbox"/> At any time <input type="checkbox"/> If I am unwell or injured <input type="checkbox"/> Only when I say so	<input type="checkbox"/> My personal information profile <input type="checkbox"/> My Ability WA Support plan <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Ongoing <input type="checkbox"/> For the length of my Service Agreement <input type="checkbox"/> For a set time ending: <input type="text"/> <input type="checkbox"/> Once only
	<input type="checkbox"/> At any time <input type="checkbox"/> If I am unwell or injured <input type="checkbox"/> Only when I say so	<input type="checkbox"/> My personal information profile <input type="checkbox"/> My Ability WA Support plan <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Ongoing <input type="checkbox"/> For the length of my Service Agreement <input type="checkbox"/> For a set time ending: <input type="text"/> <input type="checkbox"/> Once only
	<input type="checkbox"/> At any time <input type="checkbox"/> If I am unwell or injured <input type="checkbox"/> Only when I say so	<input type="checkbox"/> My personal information profile <input type="checkbox"/> My Ability WA Support plan <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Ongoing <input type="checkbox"/> For the length of my Service Agreement <input type="checkbox"/> For a set time ending: <input type="text"/> <input type="checkbox"/> Once only
	<input type="checkbox"/> At any time <input type="checkbox"/> If I am unwell or injured <input type="checkbox"/> Only when I say so	<input type="checkbox"/> My personal information profile <input type="checkbox"/> My Ability WA Support plan <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Ongoing <input type="checkbox"/> For the length of my Service Agreement <input type="checkbox"/> For a set time ending: <input type="text"/> <input type="checkbox"/> Once only

- I give my permission for Ability WA to collect and store my personal information. I understand my information is kept in the Customer Management System.
- I agree that staff can look at and use my information when needed.
- I understand I can find information about Ability WA in their Services Guide, including how to give feedback.
- I understand I have given Ability WA permission to give information about me to others listed on this document.
- I understand I can change my mind to share information at any time.



Part D: Emergency Contact details and consent

I (or the customer I am representing who is identified in Part A of this form) provide the following consents -

- I give my permission for Ability WA to contact my chosen Emergency Contact in an emergency.

Emergency Contact Details

NAME	RELATIONSHIP TO CUSTOMER	PHONE NUMBER	2ND PHONE

Name and Signature of person giving consent

FULL NAME (please print)

Please Tick

- Customer
- Customer Representative*
- Legally Appointed Guardian

Signature

Date

Address

Mobile Number

Email

A **Customer Representative** is a person who can help a customer to make a decision, or make a decision for a customer who cannot make their own decisions, or is not older than 18 years of age.