My Disability Support Services

My Disability Support Services (My DSS) - PARTICIPANT CONSENT FORM

Provider Declaration

Provider will work closely with other agencies 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 regardless of consent or otherwise.
- It is unreasonable or impracticable to gain consent or consent 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.

Participant Details

Participant name		Date	

Participant Declaration

By signing this I acknowledge that *My Disability Support Services (My DSS)* has advised me of the following:

☑ My DSS has a Privacy and Confidentiality Policy and Procedure I can review anytime I wish
☑ My right to access my personal information; and
☑ My right to withdraw my consent at any time

☑ I give permission to sharing a copy and parts of my NDIS plan, or
☑ I understand that the follow service(s) are recommended and relevant information about me may be forwarded to the agency(s) that provide these services, in order that I receive the best possible service: **NSW Health, my local GP, NDIS Service Providers and other external stakeholders**

Participant Consent

I give consent for *My Disability Support Services (My DSS)* to:

☑ Collect the information, including audio and visual records, needed to provide my services
☑ Store information about m
☑ Allow staff, who need my information to provide services to me, access to information about me.

☑ I understand that My DSS must comply with relevant privacy laws and I will contact the organisation immediately if I feel that these laws have been breached.

☑ Share and discuss with certain information about me may need to be provided to other service providers

☑ I Give permission for My DSS to take my photos, videos, and any digital feedback and testimonies for the following purpose (please untick the boxes if you do not consent):

- ☑ Support Records
- ☑ Visual Communication with others
- ☑ Development of support Materials

- ☑ Social Media (Facebook, Twitter, Instagram, WhatsApp, etc…)
- ☑ My DSS internal support news stories
- ☑ Digital prints on vans, cars, office windows & doors, flyers, etc…
- ☑ Website publishing

☑ I give permission to take my photos for internal records only and for my personal use

☑ I understand the recommendations and I give my permission for the information to be shared with the people or agencies as detailed above

☑ I understand I can withdraw or change my consent to share information and/or my permission at any time in writing

OR

☐ I do not give my consent for My DSS to collect and disclose my personal information to any third parties

☐ Share my information ***except*** with the people and/or organisations listed below

Parties Excluded from Information Sharing
Information must not be shared with the following people or organisations:

Signature			
Name of participant or authorised representative			
Signed		Date	

Verbal Consent: *Staff use only*			
Verbal consent should only be used where it is not practicable to obtain written consent. I have discussed the proposed referrals with the participant or authorised representative and I am satisfied that they understand the proposed uses and disclosures and have provided their informed consent to these.			
Staff member's name/signature		Date	