

Privacy Consent Form

Reach Out Support Co respects your privacy. This Form explains why we collect and use your personal information and the parties to whom your information may be disclosed and obtains your consent to such collection, use and disclosure.

Using and sharing your personal information

The personal information we process about you will include information about you and your disability. This information may take many forms including as written by us and by other health professionals as well as photographs and videos of you and your condition taken by us or other health professionals.

We use your personal information to provide, manage and administer care to you and for purposes directly or indirectly related to providing, managing and administering such care.

In addition to this, we may also share your personal information with:

1. Reach Out Support Co's funding providers
2. your doctor and other NDIS providers
3. government and regulatory bodies, including the National Disability Insurance Agency, Medicare, other state based disability government agencies, and the Australian Taxation Office
4. NDIS approved auditors for the purposes of undertaking audit and other quality assurance activities in respect of Reach Out Support Co related to Reach Out Support Co obtaining or maintaining registration as an NDIS registered provider. As a Participant, you will be automatically enrolled in NDIS audits. However, you may opt out at any time.
5. people acting on your behalf including their nominated representatives, legal guardians, executors, trustees and legal representatives
6. the Police, or to the Disability Services Commissioner, or to comply with compulsory notices from courts of law, tribunals or Government Agencies
7. financial institutions for payment processing
8. Reach Out Support Co's contracted service providers
9. others, without your consent, if we are required by law to do so
10. other persons as specified in our Privacy and Dignity Policy.

In some circumstances, information could be provided without your consent if required or authorised by law.

Complaints and Incidents

The Reach Out Support Co Privacy and Dignity Policy contains information about how you can access the personal information we hold about you, how you can make a complaint about a breach of your privacy and how we will deal with your complaint (i.e. in accordance with our Feedback and Complaints Management Policy).

Any breach or alleged breach of your privacy will be taken seriously. In each case, the incident has to be reported and managed in accordance with our Incident Management System set out in our Incident Management and Reporting Policy. For more information see our Incident Management and Reporting Policy.

You can contact us using the details set out below if you have any questions or concerns including to request a copy of our Privacy and Dignity Policy, Feedback and Complaints Management Policy or Incident Management and Reporting Policy.

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Reach Out Support Co

enquiries@reachoutsc.com.au

0466 544 111

Can I withdraw or amend my consent to the use of my personal information?

You may withdraw or amend your consent to Reach Out Support Co using your personal information at any time by written notice to Reach Out Support Co.

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PLEASE COMPLETE EITHER A OR B BELOW:

A. Client Consent

I have read this Privacy Consent Form and the Reach Out Support Co Privacy and Dignity Policy and consent to the use of my personal information for the purposes set out above and in accordance with my preferences set out below and in the Reach Out Support Co Privacy and Dignity Policy.

Signed by the Client:

.....
Signature

Date:

...../...../.....

.....
Name (please print)

B. Guardian/Parent Consent on behalf of Client

I am authorised to act on behalf of
Client name (printed)

and I have read the Privacy and Dignity Policy Statement and the Reach Out Support Co Privacy and Dignity Policy. I consent on behalf of the stated Client for the use of his/her personal information for the purposes set out and in accordance with the preferences set out below.

I also consent to my personal information being used to administer this consent and to provide evidence of this consent to third parties.

Signed by the Representative:

.....
Signature

Date:

...../...../.....

.....
Name (please print)

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KEEPING OTHER PEOPLE INFORMED (PLEASE COMPLETE AS APPROPRIATE)

1. Irrespective of any request received, I direct you NOT to provide my / the Client's personal information to: (please specify name/details)

2. In addition to the categories of people set out in this Privacy Consent Form and the Reach Out Support Co Privacy and Dignity Policy, I consent for you to disclose my / the Client's personal information to (please specify name / contact details)

WITHDRAWAL OF CONSENT (PLEASE COMPLETE IF APPLICABLE)

3. Notwithstanding the above, I **do not give** my consent for Reach Out Support Co to use my / the Client's personal information for:

- conducting quality assurance activities including conducting surveys, research and analysis and resolving complaints.
- NDIS audit and other quality assurance activities in respect of Reach Out Support Co related to Reach Out Support Co obtaining or maintaining registration as an NDIS registered provider
- promoting Reach Out Support Co and its activities, including through events and forums
- recruiting employees, contractors and volunteers
- evaluating Reach Out Support Co's work and reporting externally
- carrying out internal functions including training
- receiving marketing communications from Reach Out Support Co, that consent will remain current until they advise Reach Out Support Co otherwise. However, individuals can opt out at any time
- receiving Reach Out Support Co newsletter (individuals can opt out at any time)
- where the personal information comprises photos, publication on Reach Out Support Co's website or social media profile
- such personal information being recorded in audio and/or visual format

I would like to receive a copy of this signed privacy consent form and the Privacy and Dignity Policy.

Email or Mail Address: _____

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Declaration by Reach Out Support Co Staff Member:

I declare that I have explained the matters on this form to the Client, including how their personal and sensitive information will be handled.

Signed for and on behalf
of **Reach Out Support Co Pty Ltd**
ABN 74 659 443 811 (Reach Out Support Co), by:

.....
Signature

Date:

...../...../.....

.....
Name (please print)

Don't understand something? Let us know!

We want to communicate with you in a way that **you** understand. While we endeavour to use plain language and some of our staff speak a number of different languages, we have relationships with interpreters and advocates that can assist if you can't understand us or we can't understand you.

Reach Out Support Co is more than happy to arrange bilingual staff or a qualified interpreter to help you understand this document.

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