# Consent Form

| | |
|---|---|
| Participant Name | |
| Parent or Legal Guardian Name (if applicable) | |

**Information Consent Authority**

Life Choice Wide Bay Burnett (Life Choice) is a Service Provider of the National Disability Insurance Scheme (NDIS). As the supports we provide are Government funded we require permission to speak with the National Disability Insurance Agency (NDIA), Local Area Coordinator (LAC) and any Early Childhood Early Intervention partners (ECEI) as well as any relevant service providers on your behalf, protecting your privacy and confidentiality at all times.

This consent authority gives permission to Life Choice to seek information or release any relevant information about you from the NDIA, LAC, ECEI and any other organisations, agencies or medical authority. These may include, but are not limited to, Centrelink, Queensland Health, Education Queensland, Medical Personnel, other service providers, Public Trustee, Support Coordinators, our Participant Survey provider, Support Workers and Quality Assurance Auditors (internal and external).

Only relevant information will be gathered or given that can be used to provide adequate levels of support and assistance.

Your consent authority can be withdrawn at any time. You are entitled to access information held concerning you at any time. Where any inaccuracies are recorded you are entitled to have these corrected.

Information may be kept in hard copy or on an electronic file. All information is kept in a secure manner with restricted access, in line with all current legislation requirements. In the case of hard copies, the information is kept in filing cabinets that are locked when not in use. Electronic files are password protected. Access to files kept on individuals is restricted to those who have been given consent.

| | | |
|---|---|---|
| I authorize Life Choice to release or be given information about me that may assist Life Choice to advocate on my behalf. | ☐Yes | ☐No |
| I have been advised of the right to decline services offered services offered and the right to withdraw consent to the services at any time. | ☐Yes | ☐No |
| I have been advised of how to provide feedback about the feedback about the services received, positive or negative. | ☐Yes | ☐No |
| I give authority for Life Choice to take and use photographs for the purpose of demonstrating my support achievements or my development towards my goals | ☐Yes | ☐No |


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**Goals Tracking Consent:**
Life Choice offers a service to track and report all goals for our participants. Under the NDIS Price Guide, it is now claimable to charge for our report writing of goals. Life Choice will track and make contact quarterly on the progress of goals for all participants, however, if you elect this option, the time taken to write reports for NDIS reviews will be charged for out of your NDIS Plan.
When you are going through your NDIS plan, there will be a set number of hours quarantined for these reports and you will be charged against these *as needed* to a maximum of 10 hours.
As a participant you have the right to consent to this service, or deny this service, but we must keep a record of this.
IMPORTANCE OF YOUR GOAL REPORT: These reports help provide information to the NDIA on how goals are being tracked; how you are progressing on your goals; and, help to provide evidence at your review.

☐I give my consent for Life Choice to bill me for time spent on writing my reports for my NDIS review

☐I do not give consent to Life Choice to bill me for time spent writing reports, but I acknowledge, that in not giving this consent, I cannot request reports for my review.
I can change my consent at any time, where it will be recorded, and signed by myself/ guardian.

Who is signing this consent form: ☐Participant

☐Participant with Guardian/ Support Person

☐Guardian

☐OPG

Name: _____

Signature: _____

Date: _____

Staff Member: _____

Position: _____

Signature: _____

Date: _____


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