

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Your consent authority can be withdrawn at any time.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 authorise Life Choice to release or be given information about me that may assist Life Choice to advocate on my behalf	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have been advised of the right to decline services offered and the right to withdraw consent to the services at any time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have been advised of how to provide feedback about the services received, positive or negative	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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<p>Media Consent:</p> <p>I give authority to Life Choice to use my image, video, photograph and/or voice recording for the purposes of media.</p> <p>I understand that these images may appear publicly as part of Life Choice's website, social media and newsletter as well as in any marketing campaign including television and radio and any other marketing materials.</p> <p>I agree that all such pictures, video or audio recordings and any reproduction thereof shall remain the property of the author and that Life Choice may use it as required.</p> <p>In addition, I waive any right to inspect or approve the finished video recording. I understand that this consent is perpetual, that I may not revoke it, and that it is binding.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Ask me at the time consent is required
<p>Vehicle Consent Authority:</p> <p>I give permission for Life Choices' Support Workers to use my private vehicle to transport myself for community linking activities and appointments.</p>	<input type="checkbox"/> Yes Yes	<input type="checkbox"/> No No	<input type="checkbox"/> NA
<p>I am the registered owner of vehicle:</p> <p>Make: _____ Rego: _____</p>			
<ul style="list-style-type: none"> <input type="checkbox"/> The vehicle is registered and that registration is current at all times when the being used by Life Choice staff <input type="checkbox"/> The vehicle will be maintained in good working order and undergo regular servicing and maintenance by a qualified mechanic <input type="checkbox"/> If the vehicle includes a wheelchair hoist, this will also be maintained in good working order and undergo regular servicing by a qualified technician yearly <input type="checkbox"/> If Life Choice staff are driving this vehicle and are involved in an accident, my insurance company or myself will be responsible for any repairs <input type="checkbox"/> The consent of my insurance company is obtained for the use of the vehicle by nominated Life Choice staff prior to the vehicle being put to such use <input type="checkbox"/> My consent authority can be withdrawn at any time 			

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Transport Consent:

I understand that Life Choice provides transport which is in line with the NDIS Price Guide. I do not have to provide consent for Life Choice to provide my transport. If I revoke my consent, Life Choice Employees are under no obligation to transport me in their personal vehicles to and from activities as I have forfeited this right.

If I would like to still access my community with a support worker, and not pay my provider for transport, either through my NDIS plan, or paying invoices myself, I will need to find alternative transport methods. These can include, but not limited to, catching a bus or a taxi, which I am required to pay for both myself and support worker.

☐ I understand I can change my consent on transport at any time, and will contact Life Choice to update my information.

☐ I understand that if my transport bill is left unpaid, my supports can be paused, and, or transport will not be provided by my support worker during my shift times.

☐ I do **NOT** provide consent to be charged for Transport

☐ I **agree** to be charged 85 cents per km while on shift with my Life Choice support worker

This will be paid via: ☐ NDIA Plan Managed
☐ NDIA Managed
☐ Paid by the Participant

The amount of kms per week Maximum I want to be charged is: _____

Use of Support Workers' Vehicle Consent:

I acknowledge that the cost for repairs of any damage I may cause to the support worker vehicle will be paid by me and that Life Choice has the right to withdraw the use of support worker vehicle transport at our discretion.

Life Choice NDIS Coordinator Consent:

Life Choice strives to provide the best services possible for our participants. To do this, we will make regular contact with all participants, ideally quarterly. Contact is made to check how supports are going; if there is something we can improve upon; if you would like an increase, decrease in supports being provided; if there are any complaints; and, tracking of funds spent within Life Choice. All participants and family have choice and control and can change consent at any time.

☐ I agree for Life Choice to contact me regularly for reviews

☐ I do not consent for Life Choice to contact me regularly

☐ I acknowledge that I can change my consent at any time, and will contact Life Choice to keep them informed.

Best Person to contact for these Reviews:

Name: _____

Number: _____

Who is this person to you? _____

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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: _____