

## Client Consent Form

I, \_\_\_\_\_

Of (address): \_\_\_\_\_

Hereby give consent to Rehability Australia (ABN: 62 132 347 990) to provide services; and in providing these services, I give consent for:

### Rehability Australia to obtain and/or release information regarding their service provision to:

- |  |   |
|--|---|
| <input type="checkbox"/> Significant other/Partner/ Spouse | <input type="checkbox"/> Employer             |
| <input type="checkbox"/> Family                            | <input type="checkbox"/> NDIA/NDIS            |
| <input type="checkbox"/> Doctors/Medical Specialists       | <input type="checkbox"/> DVA/ADF              |
| <input type="checkbox"/> Service Provider (care agency)    | <input type="checkbox"/> Funding Body/Insurer |
| <input type="checkbox"/> Allied Health Providers           | <input type="checkbox"/> Other:               |

### AND agree to the following parties in a 'communication tree' to assist with managing my needs:

- |  |   |
|--|---|
| <input type="checkbox"/> Significant other/Partner/ Spouse | <input type="checkbox"/> Employer             |
| <input type="checkbox"/> Family                            | <input type="checkbox"/> NDIA/NDIS            |
| <input type="checkbox"/> Doctors/Medical Specialists       | <input type="checkbox"/> DVA/ADF              |
| <input type="checkbox"/> Service Provider (care agency)    | <input type="checkbox"/> Funding Body/Insurer |
| <input type="checkbox"/> Allied Health Providers           | <input type="checkbox"/> Other:               |

A communication tree is a system of communication set up as an email group to notify key stakeholders of specific information, events, and updates to ensure open and transparent communication with all parties.

- ☐ I confirm that I have read and understood that Rehability Australia is a fee for service organisation and I/my funder will be invoiced for services provided.
- ☐ I confirm that I have been advised of the 'Privacy and Information Management' policy of Rehability Australia.

### I would like this consent form to (please specify preferred option and desired date):

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> be reviewed on: | <input type="checkbox"/> expire on: |
|--|-------------------------------------|

### Client / Representative Signature

Name:

Signature:

Date:

### Witness Signature

Name:

Signature:

Date: