

Vade Mecum Privacy Consent Form

Introduction

This document explains how your personal information is collected, used, and protected according to the Australian Privacy Act 1988, the Australian Privacy Principles (APPs), and the requirements of the NDIS Practice Standards. Please read it carefully and ask any questions before signing.

1. Purpose of Collection

Your personal and health information is collected to provide NDIS-funded support and therapy services, coordinate your care, and meet legal and contractual obligations under the NDIS.

2. Confidentiality and Privacy

All information you share during therapy sessions is confidential. Your information will only be disclosed with your consent unless required or authorized by law, or under the NDIS Practice Standards (e.g., for service planning, reporting, or compliance purposes).

3. Use and Disclosure of Information

Your information may be shared with:

- Your NDIS Plan Manager or Support Coordinator, with your consent
- NDIS Commission or other government agencies, if legally required
- Other healthcare providers involved in your support, with your permission

4. Data Security and Storage

Your personal and health information is stored securely, both physically and electronically. It is protected against unauthorized access, misuse, or loss, in line with the Privacy Act and NDIS Practice Standards.

5. Access and Correction

You have rights to access and correct your personal information. Requests can be made verbally or in writing.

6. Data Breaches and Reporting

In the event of a data breach, we will notify you and take appropriate steps in accordance with Australian law and NDIS requirements.

7. Use of Information for NDIS Purposes

Your information is used for:

- Developing and reviewing your NDIS plan
- Service delivery and support coordination
- Reporting to NDIS
- Ensuring quality and safety standards

8. Your Rights and Choices

- You may refuse to provide certain information, but this may affect service delivery
- You can request corrections or access your information at any time
- You may withdraw consent for specific uses of your information, understanding that it might impact your support

9. Complaints and Contact

If you have concerns about your privacy or wish to make a complaint, please contact us at the details below.

Patient Name: _____

Signature: _____

Date: _____