



**Privacy Consent Form**

The Speech Spot Illawarra needs to collect information about your child for the primary purpose of providing a quality service to your child. In order to thoroughly assess, diagnose and provide therapy, we need to collect some personal information from you (about your child). If you do not provide this information; we may be unable to treat your child. This information will also be used for:

- a. The administrative purpose of running the practice;
- b. Billing either directly or through an insurer or compensation agency;
- c. Use within the practice if passing your case to another speech pathologist within the practice for your child's ongoing management;
- d. Disclosure of information to your child's doctors, other health professionals or to teachers to facilitate communication and best possible care for your child; and

We do not disclose your personal information to overseas recipients.

The Speech Spot Illawarra has a Privacy Policy that is available on request and is available in the waiting area. This policy provides guidelines on the collection, use, disclosure and security of your child's information. The Privacy Policy contains information on how you may request access to, and correction of your child's personal information and how you may complain about a breach of your child's privacy and how we will deal with such a complaint.

To ensure the process of quality treatment provision, information about your child's assessment results and progress may be given to other relevant service providers, who are involved in your child's management. These may include your child's doctor, teachers, specialists, insurers or others, but only where it is considered to be of benefit to your child's progress. Please provide names of individuals involved in you/your child's care.

Please list the names and contact details of the individuals involved in your child's care who we have consent to share information with:

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I \_\_\_\_\_, have read the above information and understand the reasons for collecting the information and the ways in which the information may be used. I understand that it is my choice as to what information I provide and that withholding or falsifying information might act against the best interests of my child's assessment and therapy progress. I am aware that I can access my child's personal and treatment information on request and if necessary, correct information that I believe to be inaccurate. I understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to me. I understand that the Practice must obtain additional consent if the information collected is to be used in any ways other than that outlined above.

Client/Parent Name:.....Child's Name: .....

Signed:..... Date:.....