**Client Consent Form**

Raz Care Pty Ltd will work closely with other agencies to coordinate the best support for you. This means your informed consent for the sharing of information will be sought and respected in all situations unless:

* we are obliged by law to disclose your information regardless of consent or otherwise
* it is unreasonable or impracticable to gain consent or consent has been refused; and
* The disclosure is reasonably necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people.

I,…………………………………………………hereby acknowledge that Raz Care Pty Ltd has advised me of the following:

* Raz Care Pty Ltd *Privacy and Confidentiality Policy and Procedure*;
* my right to access my personal information; and
* My right to withdraw my consent at any time.
* I give consent to taking of pictures and video when warranted
* I understand that the follow service(s) are recommended and relevant information about me may be forwarded to the agency(s) that provide these services, in order that I receive the best possible service:
* I understand that Raz Care Pty Ltd must comply with relevant privacy laws and I will contact the organisation immediately if I feel that these laws have been breached.
* Raz Care Pty Ltd discussed with me how and why certain information about me may need to be provided to other service providers.

**Continued from Page 1**

* I understand the recommendations and I give my permission for the information to be shared with the people or agencies as detailed above.

**OR**

* I do not give my consent for Raz Care Pty Ltd to collect and disclose my personal information to any third parties.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Client or Authorised Representative | Signature | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Raz Care Pty Ltd Staff Member | Signature | Date |

**Staff use only**

**Verbal Consent**

Verbal consent should only be used where it is not practicable to obtain written consent.

I have discussed the proposed referrals with the client or authorized representative, and I am satisfied that they understand the proposed uses and disclosures, and have provided their informed consent to these.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Raz Care Staff Member | Signature | Date |

**Continued from Page 2**  
I, hereby acknowledge that I am nominating my career/ guardian friend/

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_As a nominee to act on my behalf in the dealings with Raz Care Pty Ltd.

In the following:

* Agreeing to Access support services’ privacy consents on my behalf
* Sign the service agreements
* Coordinate services, care plans on my behalf
* Review my care plan and make changes as necessary

I understand that Raz Care Pty Ltd must ensure my individual rights are protected and my participation  
and inclusion will be part of the service delivery.

I nominate my carer/ guardian/ friend to act on my behalf in dealings with Raz Care Pty Ltd:

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_/\_\_\_/\_\_\_

Raz Care Staff Member

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_/\_\_\_/\_\_\_

**Verbal Consent (Staff use only)**

Verbal consent should only be used where it is not practicable to obtain written consent.

I have discussed the nomination of clients carer/ guardian/ friend to act on their behalf in dealings with Raz Care Pty Ltd and I am satisfied that they understand the proposed nomination, and have provided their informed consent to these.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Raz Care Staff Member:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have my right to withdraw this consent at any time.**