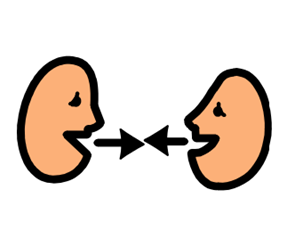
DISABILITY GETAWAYS CONSENT TO SHARE INFORMATION This is consent to share information form

You’re Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Consent means you say yes.



Can we talk to other people about you?

Please circle Yes or No

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | People we can share info with | Details |
|  |  | Your Medical practitioner |  |
|  |  | Health Specialist- |  |
|  |  | Health Specialist |  |
|  |  | Allied health practitioner |  |
|  |  | Disability Services SA |  |
|  |  | NDIA |  |
|  |  | Public Trustee |  |
|  |  | Bank |  |
|  |  | Family and friends |  |
|  |  | Other |  |

This is important:

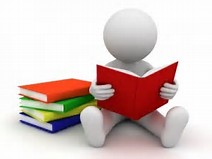
Your information might be shared with others if we think you or others are not safe.

PLEASE PUT A CIRCLE AROUND YOUR ANSWER

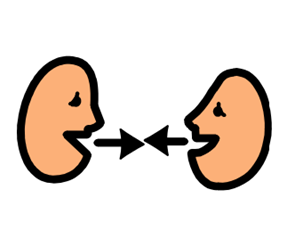
|  |  |  |
| --- | --- | --- |
| Yes | No |  |
|  |  | Home Place service has been explained to me. |
|  |  | A Home Place worker has explained to me why information may need to be shared with others for safety |
|  |  | Home Place can get information important to providing a support service to me. |

Sharing of information may include

Writing about you

[](https://www.bing.com/images/search?view=detailV2&ccid=fC817q+a&id=251B1E4E45562CD07FA3E4F8F3B5B89E6290127C&q=reading+&simid=608024605778117650&selectedIndex=51)

RReading information about you



Talking to someone about you

Participant’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

|  |
| --- |
| **Verbal consent**  I have discussed consent and safety with  Name of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I am satisfied that they understand about information sharing and I believe they have given informed consent.  Disability Getaways staff member:  :  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Consent declined**  Consent was declined because:  Disability Getaways staff member:  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |