

F4307 AUTHORITY TO GAIN & RELEASE INFORMATION

The Open Minds Acquired Brain Injury Support Service will collect information to ensure you receive services and supports which make a difference to your life. At times, Acquired Brain Injury Support Service staff may need to talk to, or refer you to other people for more specialised help. This may only be done with your permission.

It is the policy of Open Minds to comply with the National Privacy Principles in all its practices. This means:

- We only collect information that is relevant to the service/s provided
- We inform you of the need to collect information
- We seek informed consent from you to collect and share your information to certain people and/or organisations in order to provide the best possible support
- We secure and safeguard your records.
- You have the right to access your own records and to request amendments to any incorrect information held

At times, some of your information may also be provided to a funding body (i.e. Government Department; Insurance provider) to assess whether the Acquired Brain Injury Support Service is meeting its funding objectives and requirements. At such times, de-identified statistical data will be generated. Your personal information (i.e. your name and all other identifiable information) will not be disclosed.

I understand that personal information about _____ (name of participant) that is related to the operation and outcomes of the Acquired Brain Injury Support Service will be recorded and disclosed in accordance with the *Privacy Act 1988*.

I, _____ (name of participant/guardian) give my permission to Open Minds Acquired Brain Injury Support Service to obtain and exchange information with the following persons or organisations (*please indicate specific names where relevant*):

<input type="checkbox"/> Advocates/ Guardians	
<input type="checkbox"/> General Practitioners	
<input type="checkbox"/> Medical Specialists	
<input type="checkbox"/> Allied Health Professionals	
<input type="checkbox"/> Community Organisations	
<input type="checkbox"/> Department of Communities, Disability & Community Care Services	
<input type="checkbox"/> Other relevant persons	

I understand that I can withdraw this authorisation at any time should my circumstances change

Participant/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Disclaimer – Open Minds collects the information on this form for contractual and service support purposes only. Only authorised employees of the organisation have access to this information. Your personal information will not be disclosed to any other third party without your consent, unless authorised or required by law