

As an NDIS participant in our service, Independent Nurses Australia Pty Ltd, we need your consent to collect, store, and use your personal information to effectively deliver services. Please review this form carefully and sign it if you agree to the stated terms.

1. Protection of Your Sensitive Information

We respect your privacy and dignity. Thus, we only collect sensitive information like health, medical, and disability-related information when it's needed for service provision and only if:

- a. You provide explicit consent, or
- b. We're legally required to do so.

2. Your Consent

Before you give consent, our Workers will explain how we will use your data and who it may be disclosed to. They will ensure you understand everything clearly, providing assistance such as interpreter services or legal aid, as necessary. This consent can be amended at any time.

3. Informing You about Your Information

We will regularly inform you about how your information is used and stored. You have a right to access, correct your data, or lodge a complaint. Should you prefer, we encourage your involvement with family, friends, or chosen community in this process.

4. Information Collected

We may collect the following personal information: Participant details, Identifiers, Service details, medical information, Financial information, and Interaction records. We may collect recorded material such as audio/visual formats.

5. How We Collect Information

We may gather your information from our website, your correspondence with us, forms filled by you, face-to-face interactions, events, third-party referrals, or government agencies.

6. Purpose of Information Collection

We use this information to customise your support plans, answer inquiries, manage and improve our services, adhere to legal obligations, inform you about our activities, perform research, and improve your website experience.

7. Third-Party Disclosures

We may disclose your data to NDIS Commission, funding providers, external auditors, regulatory bodies, law enforcement, courts, financial institutions, or external service providers, as necessary for service provision, legal compliance, or based on your authorization.

8. Access to Your Personal Information and Complaints

The Independent Nurses Australia Pty Ltd Privacy and Information Management Policy includes information about how you can access your personal information we hold, and how to make a complaint about a breach of your privacy or the Privacy Act, which will be dealt in accordance with our Feedback and Complaints Policy.

9. Handling of Privacy Breaches

Any breach or alleged breach of your privacy will be taken seriously. Such incidents will be reported and managed as per our Incident Management Policy.

10. Contacting Us

For questions, concerns, or to request a copy of our Privacy and Information Management Policy, Feedback and Complaints Policy, or Incident Management Policy, please contact us at 0475 332 221 or admin@independentnursesaustralia.com

11. Consent

If you would like to give your consent regarding specific uses of your personal information by Independent Nurses Australia Pty Ltd, kindly indicate your preferences by checking the corresponding boxes below: (please note, by ticking the box you are GIVING consent, by leaving the box empty, you are not giving consent.)

<input type="checkbox"/>	Participation in NDIS audits and other quality assurance activities associated with maintaining Independent Nurses Australia Pty Ltd's status as a registered NDIS provider.
<input type="checkbox"/>	Participation in quality assurance activities including surveys, research, and complaint resolution.
<input type="checkbox"/>	Inclusion in Independent Nurses Australia Pty Ltd promotional activities and events.
<input type="checkbox"/>	Consent to the use of your personal information for the recruitment of employees, contractors, and volunteers.
<input type="checkbox"/>	Involvement in the evaluation of Independent Nurses Australia Pty Ltd's services and external reporting.
<input type="checkbox"/>	Use of your data for internal training and operational processes.

<input type="checkbox"/>	Receipt of marketing communications from Independent Nurses Australia Pty Ltd. You may opt out at any time.
<input type="checkbox"/>	Permission for photos to be published on Independent Nurses Australia Pty Ltd's website or social media profiles.
<input type="checkbox"/>	Information about me may be provided to other service providers.
<input type="checkbox"/>	Information may be provided to appropriate authorities such as health professionals, pharmacy, medical specialists etc.

12. Sharing my information with a Third Party

I consent for you to disclose my / the participant's information to: (please specify name and contact details)

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Irrespective of any request received, I direct you NOT to provide my / the participant's personal information to: (please specify name and contact details)

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13. Future Withdrawal or Amendment of Consent

Please remember that your consent continues until you provide us with instructions to the contrary. You can withdraw or amend your consent to Independent Nurses Australia Pty Ltd using your personal information at any time by providing written notice to Independent Nurses Australia Pty Ltd.

14. Confirmation of Consent

By signing below, I confirm that I understand and agree to the use of my personal information as outlined above by Independent Nurses Australia Pty Ltd.

Participant Name:	
Signature:	Date:

15. Consent by Representative (if applicable)

If you are providing consent on behalf of the participant, please complete the section below:

I, the undersigned, confirm that I am authorised to act on behalf of _____.

I have read Independent Nurses Australia Pty Ltd's Privacy and Information Management Policy and Incident Management Policy. I provide consent on behalf of the aforementioned Participant for the use of his/her personal information for the purposes set out and in accordance with the preferences set out above.

I acknowledge that if multiple nominee's exist for the named participant, I have the other nominee/s permission to act as a representative and give/not give consent to the above.

I also consent to my personal information being used to administer this consent and to provide evidence of this consent to third parties as necessary.

Representative Name:	
Signature:	Date:

16. Declaration by Independent Nurses Australia Pty Ltd Worker

I, as a worker of Independent Nurses Australia Pty Ltd, solemnly affirm that I have provided a comprehensive explanation of the details outlined in this form to the Participant. This includes a thorough description of how their personal and sensitive information will be managed and protected by Independent Nurses Australia Pty Ltd.

Worker Name:	
Signature:	Date: