

Consent Form

Participant Details	
Name:	
DOB:	
Gender:	
Telephone number:	
Address:	
Email:	

NDIS Information	
NDIS Number:	
Plan Start Date:	
Plan End Date:	
Plan Status:	<input type="checkbox"/> Plan Managed <input type="checkbox"/> NDIS/Agency Managed

Agency Managed Plan Details	
Support Co-ordinator Name:	
Support Co-ordinator Phone:	
Support Co-ordinator Email:	

Service Agreement

You will be provided with a service agreement either prior to, or at the time of your initial appointment. The service agreement is a legally binding document that outlines our obligations to you as service providers. It also outlines the cost of our services and our cancellation costs. If you are agency managed, we are required to create a service booking on the NDIS portal to cover the costs of the initial assessment. Do you give us permission to create the service booking?

Yes No

Consent Details

The undersigned confirms that he/she is the legal guardian, legal representative or delegated support person for the above participant and has authority to act on behalf of the participant to provide authority to Vivir Healthcare for the participants management:

Authority Details	
Authority Name:	
Authority Contact number:	
Authority Email:	

Privacy & Confidentiality

Vivir Healthcare needs to collect personal information about you for the purpose of providing a quality allied health service to you. We require this information to thoroughly assess and provide therapy that is appropriate for your individual needs and specific NDIS goals. If this information is not provided, we may be unable to provide therapy services to you. We will utilise this information for:

Billing purposes, business administration purposes, sharing of information to alternative therapists within our business if you choose to change therapist and mandatory reporting in instances of suspected abuse, violence or neglect.

Vivir Healthcare has a privacy policy that is available at www.vivir.com.au which outlines how your information is protected, how it is used and what to do if you are concerned that your personal information has been breached and you wish to make a complaint. Vivir healthcare utilises a secure documentation and scheduling system that protects your confidential information.

Vivir healthcare may need to share your information with other service providers involved in your care including other therapists, doctors, specialists and others; only where it is considered necessary for maximising your progress. The undersigned gives permission for Vivir Healthcare to liaise with the following parties for the direct assistance of the participant's management:

- Vivir Healthcare Clinicians
- National Disability Insurance Agency
- Doctor / Specialists/ General Practitioner
- Other allied health professionals (i.e. psychologists, podiatrist)

I understand the above information and understand the reasons for collecting personal information and the ways this information will be used. I understand that it is my choice as to what information I provide and understand that withholding or falsifying information may impact the quality of service provision and overall outcomes. I understand that I can access treatment notes on request and can withdraw my consent at any time. I understand that if the information is denied for a specific reason, that I will be contacted to discuss this and determine a solution. I understand that Vivir Healthcare will request additional permissions for the use of photography and videography, and for the use of your information in any way other than listed above.

- I agreed (tick box)
- I do not agree

Use of contact information:

- I agreed to Vivir Healthcare using my contact name, mobile number and email address to provide reports, updates and appointment reminders.
- I do not agree to Vivir Healthcare using my contact name, mobile number and email address to provide reports, updates and appointment reminders

Cancellation Policy:

Please be aware that a cancellation fee of 90% of the cost of the service will be applicable as per NDIS guidelines. Up to 6 hours of cancellation fees can be charged to your plan per year. If you need to cancel an appointment, we ask that you notify us immediately to avoid the cancellation fees.

The cancellation fee is applicable if:

- Cancellation occurs after 3pm on the business day before the service.
- Failure to show for an appointment or failure to be at the agreed location of the service provision

Cancellation of 2 services within a 6-week period **without** notification will result in the cancellation of further services. You can call the office on 1300 184 847 to cancel.

I agree

I do not agree

Name of Participant

Name of authority:

Signature of participant

Signature of authority:
