

Community Counselling & Care

PRIVACY CONSENT FORM

This document sets out how you consent to Community Counselling & Care ABN 86 606 788 685 (**CC&C, us, we or our**) collecting, using and disclosing your personal and sensitive information.

Please review the following and sign your name in the appropriate column depending on whether you do or do not consent. You may also withdraw your consent at any time by informing us. We understand that your needs may change. You can update these consents at any time by providing this completed page to us again or by contacting us.

For more information about how we collect, use and disclose your personal and sensitive information, you can read our [privacy policy here](#)

COLLECTION OF YOUR INFORMATION

In order to provide you with the goods and services, we need to collect your personal and sensitive information as set out in our privacy policy. By signing below, you consent to the collection, use and disclosure of your personal and sensitive information in accordance with our privacy policy. This includes your health information, medical history (including medical documents) and referral/funding documents or sections of documents for the purposes of providing you with the services and other related purposes. This information may be shared with other health practitioners we may refer you to, support coordinators, the NDIA (if applicable) and other third parties we work with (including overseas) to provide you with goods and services. Where applicable, we may require you to provide the contact information for your general practitioner and any other applicable health or support provider. If such information is provided, you acknowledge and agree that you have obtained any relevant consents or authorisations from and have alerted those third parties of your disclosure of their personal information for this purpose.

MARKETING

By signing below, you consent to the collection, use and disclosure of your personal information for the purposes of direct and indirect marketing. CC&C takes your privacy seriously and will only use your personal information to send you market updates about our services. We do not sell, communicate or divulge your information to any external mailing lists. As set out in our privacy policy, you can revoke your consent to receiving marketing communications at any time by notifying us.

EDUCATION AND STATISTICS

By signing below, you consent to the collection, use and disclosure of your personal information for the purposes of education, and statistics. This may also be subject to the collection of such information on behalf of third parties as stated in 'Collection of Your Information' section (above) and our Privacy Policy <https://www.communitycounsellingandcare.com.au/privacy-policy>

RESEARCH

By signing below, you consent to the collection of information for the purposes of research development. This may also be subject to the collection of such information on behalf of third parties as stated in 'Collection of Your Information' section (above) and our Privacy Policy <https://www.communitycounsellingandcare.com.au/privacy-policy>

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AUTHORITY TO CONSENT

You represent and warrant that you have the full authority to provide each of the consents in this document because you are the patient or a Representative of the patient.

In this document, "**Representative**" means:

- (a) a parent or legal guardian of a patient (if that patient is under 18 years of age); or
- (b) a NDIS nominee, support coordinator, plan manager or representative of the patient.

By signing below, I acknowledge that I have read and understand the terms contained in this Privacy Consent Form and that I am consenting to the collection, use and disclosure of your personal and sensitive information in accordance with the terms set out above.

Signed by the patient or the patient's Representative, in the presence of a practitioner

Signed by the practitioner on behalf of Community)
Counselling & Care ABN 86 606 788 685)

Signature (or signature of Representative)

Signature

Full Name of Representative (if applicable)

Full Name of practitioner

Full Name of patient

Date

Date