Consent Form

Chatter Cat Speech Pathology needs to collect information about your child for the primary purpose of providing a quality service to him or her. In order to thoroughly assess, diagnose and provide therapy, I need to collect some personal information from you about your child and your family. If you do not provide this information, I may be unable to treat your child. This information will also be used for:

* The administrative purpose of running the practice;
* Billing either directly or through an insurer or government agency (eg. HWCA (Medicare), NDIA);
* Disclosure of information to your doctors, other service providers or to teachers to facilitate communication and best possible care for you and your child.

I do not disclose your personal information to overseas recipients.

Chatter Cat Speech Pathology has a Privacy Policy that is available on request. This policy provides guidelines on the collection, use, disclosure and security of your information. The Privacy Policy contains information on how you may request access to, and correction of, your personal information and how you may complain about a breach of your privacy and how I will deal with such a complaint.

To ensure the process of quality treatment provision, information about your child’s assessment results and progress may be given to relevant other service providers who are involved in your child’s management. These may include your child’s doctor (including pediatrician), teachers, specialists, insurers and solicitors, but only where it is considered to be of benefit to your child’s progress or under legal obligations. Permission will be sought through the document “Permission to Share Information”.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the above information and understand the reasons for collecting the information and the ways in which the information may be used. I understand that it is my choice as to what information I provide, and that withholding or falsifying information might act against the best interests of my child’s assessment and therapy progress. I am aware that I access my personal and treatment information on request and if necessary, correct information that I believe to be inaccurate. I understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to me.I understand that the Practice must obtain additional consent if the information collected is to be used in any ways other than that outlined above.

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

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