



URZI PSYCHOLOGY

CONSENT FORM – Jump Starter Program

The Jump Starter program offers members of our community the opportunity to work alongside skilled staff who have an in-depth understanding of the NDIS and the eligibility criteria. The Jump Starter program will see the client linked in with experts who are able to gather all their supporting information and collate it in a way which maximises their chances of being eligible for NDIS funding. The Jump Starter program utilises the knowledge qualification and skills of the entire Urzi Psychology team, who can complete assessments should additional supporting evidence be required, without any of the extensive wait periods or out of pocket expenses.

Urzi Psychology will need to collect personal information about you which will assist us to give you the best care possible. This information will be stored in your personal record and will remain confidential as far as is legally permissible. Urzi Psychology will write to advise you if your personal information becomes compromised.

Urzi Psychology complies with State / Territory and Commonwealth legislation regarding (Privacy Act, 1988):

- Collection, use and disclosure of your personal information which may include audio and visual information
- Your rights to access your personal information
- Your right to withdraw consent to the release of personal information at anytime

You are entitled to request access to your information and ask for amendments to be made to information that may be incorrect or out of date.

There may be occasions when it is beneficial to you if we are able to inform family, doctors, hospital staff and other service providers regarding your health and services being provided.

There may be occasion where consent to access your information may be denied or limited. In this instance the reasons and limits will be explained to you.

CONSENT AND ACCEPTANCE

By signing below, you indicate that you have read and agreed to accept the terms and conditions contained in this consent form and the specified attachments.

You also consent to Urzi Psychology, where necessary, collecting, storing and releasing information associated with the Participant's individual care, including information to health professionals and funders (including for the purposes of participating in Quality Reviews) and for reporting purposes.



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	Information can be obtained from	Information can be provided to
Family Members/Next of Kin (please specify):	Yes / No	Yes / No
Medical and allied health providers, including hospitals (if yes please specify which providers):	Yes / No	Yes / No
Community Care Providers (if yes please specify which providers):	Yes / No	Yes / No
Aged Care Assessment Teams:	Yes / No	Yes / No
Housing Support Agencies (if yes please specify which providers):	Yes / No	Yes / No
Government Agencies (if yes please specify):	Yes / No	Yes / No

- 1) I consent to relevant information being shared with Urzi Psychology staff involved in the delivery of my/the participant's services. Yes / No
- 2) I consent to photos/ videos being taken of me/the participant for the sole purpose of attaching it to my / the participant's record. Yes / No
- 3) I am aware of Urzi Psychology's privacy and confidentiality procedure and understand that I have the right to take action if my/the participant's privacy is breached.
Yes / No

AGREEMENT

By signing this consent form, you agree to all the information included.

Participant

Participant Name:

Participant Signature:



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Date: _____

[If you are signing this agreement on behalf of an adult with impaired decision-making capacity, then please indicate your relationship to the person who will be receiving support from Urzi Psychology.]

Nominee Relationship: _____

Nominee Name: _____

Nominee Signature: _____

Date: _____

Urzi Psychology representative

Dino Urzi

The Urzi Psychology Trust Director & Principal Psychologist

Signature:  _____

Date: