Your Consent Form

ATS welcomes your participation with our service. Thank you. Please fill in as much detail as possible. We see clients online with telehealth (i.e. Zoom, Whatsapp, Facetime, or other encrypted app; email, phone, etc...). **Please Complete Every Page of this Document and return the whole document to us.** If a part is not relevant to you, strike it out or put "NA" for Not Applicable. Please ask for help to complete this form.

Saving Your Money: To save your money please share information for your case including a copy of previous diagnosis, assessments, and reports. We may also need names and contact details for professionals you are seeing, including your GP's name, name of their surgery, the street address, and phone number. This information is very important so we can provide you with quality of service.

Your Consent: Consent is voluntary and can be withdrawn at any time. Legal Consent on this form must be written. Other forms of consent include verbal, expressed in email, and implied by participation. For anyone who cannot give consent in writing the legal role is provided by a parent, guardian, or person responsible.

Terms: By filling in this form you the "client/participant" hereby gives consent to our "Client Booklet Disclosure, Terms and Conditions" as listed on our website that form the basis of Your Consent Form see [https://abilitytherapyspecialists.com.au/about/ disclosure-terms-conditions/].

Telehealth: Many of our services are offered online and via telehealth. As explained in the "Client Booklet" your consent to use technologies includes your accepting the risks of data transmissions and the use of third party companies and systems.

Preventing Conflict of Interest: To prevent conflict of interest, ATS makes clear that we provide a wide range of services i.e. to NDIS participants we provide behaviour support, counselling and assessment therapies, support coordination, and specialist support coordination. ATS also provides a wide range of counselling psychotherapies for individual, relationship, and community sectors i.e. trauma recovery, grief and loss, employment/vocational, workplace training, capacity building, life stage transition, and psycho-educational needs. It is the choice of the client to use ATS for more than one service. ATS will make every effort to demonstrate clear role definitions and to document tasks completed per hours of service.

Intake Assessment: To ensure we understand and can offer service, your consent and service provision is subject to approval, is reviewed by our senior therapist, and may require clarification and be subject to additional terms depending on the context of the case.

Limits of Confidentiality: Client information provided assists in continuity and quality of service. Clients may access information on their file upon request subject to Terms. Information on file is kept for the statutory five (5) years from last service date and destroyed unless requested otherwise or where there is an implied service continuation. Information and records gathered by the therapist will remain confidential and subject to Terms, except when, 1: It is subpoenaed by a court, or 2: You or another person (including children) might be at risk of harm, 3: Reportable information is required to be given under legislation; under standards set by the National Disability Insurance Scheme Commission including under NDIS legislation requiring provider audit for quality assurance, or 4: Your prior approval has been obtained, to (A), Provide a written report or to discuss verbally with another professional or agency, i.e. a medical specialist, general practitioner, rehabilitation coordinator, or other professional or entity; or (B), Provide a written report to an insurance company or other third-party scheme funding your treatment; or (C), Discuss information with another person, i.e. a family member or employer, or 5: Where telehealth data transfer or data containment is compromised under circumstances beyond the control of client and provider, as outlined in the Client Booklet: Disclosure, Terms, Conditions.

24 Hour Cancel or Pay Policy: To cancel, change or postpone an appointment, please inform us by telephone, text, or email at least 24 hours prior to your session. If not within 24 hours, fees apply.

Payment: Payment is generally given at time of service, or for NDIS participants after service.

Refund Policy: Refunds are generally not available. In circumstances such as sickness, death, or health crisis clients may apply in writing for refund to prepaid sessions with a doctor's certificate. **Attending Sessions:** Please be punctual for your appointment. You are allotted 50 to 55 minutes for a regular consultation.

PRINT CLIENT NAME: ……………………………………………………………………………………

AGE: ………………………. DATE OF BIRTH: …………………………….

GENDER or OTHER: ………………………………

FOR NDIS CLIENT/Participant: By filling in this section I hereby consent to ATS accessing my NDIS Plan and contacting the NDIS and/or relevant provider to address funding and administration of this service. I understand that this contact is necessary for ATS to provide a service, and to resolve service-based issues associated with my NDIS funding. ATS will prepare my Service Agreement once consent and NDIS Plan are provided by me. **NDIS Related Contacts:** By filling in this section, I hereby consent to ATS contacting and/or sharing information with the NDIS and/or individual(s) and/or organization(s) funded by or associated with NDIS, and related NDIS services, including for example my NDIS Planner, Local Area Coordinator, Support Coordinator, Plan Manager, an NDIS funded non-Government organization, Accommodation provider, Community Access organization, and/or fund management organisation. **NDIS Audit:** I hereby consent to ATS Pty Ltd sharing information under NDIS Commission Quality Standards Policy during third party external audit, and I understand that myself or my carer may be contacted by an auditor to comment about the provider's services. **NDIS BSP Submission:** If applicable and where my case includes restrictive practices, under NDIS Act 2013 and Behaviour Support Rules 2018, I consent to ATS lodging my Behaviour Support Plan to the NDIS Commission, and to my relevant State Authority for the purpose of Restrictive Practice Authorisation Review.

My NDIS Number is: ……………………..………

My NDIS Plan is attached YES NO

[Circle One Please] My NDIS Plan is Managed by: NDIA Plan/Org Self

If your NDIS Plan is Self-Managed, please fill in your complete contact information at the end of this document. If you use Plan Managed please give their details here:

PLAN MANAGER'S NAME: ……………………………………………………………………

COMPANY NAME …………………………………………………………

ADDRESS: ……………………………………………………………………

PHONE: ……………………………………… MOBILE ……………………………………….

EMAIL: ……………………………………………………………

FOR ALL CLIENTS, your Diagnosis/es (if you need to, add info on another page):

Diagnosis/es: ____

Health Issues (diet, physical, dental, mental, other conditions):

Medication Name	Why you take it	Dose	Times/day

FOR ALL CLIENTS, these are examples of what you can provide:

- Childhood or adolescent reports or letters from specialists, i.e. pediatricians etc...
- Psychiatry, Psychology, Social Work, Counselling, and/or Behavioural Assessments
- Speech Pathology or Communication Assessments
- Occupational Therapy, Physiotherapy, and/or Other Specialist Assessments
- Other Relevant Letters or Reports are Attached
- A medication list.

FOR ALL CLIENTS, please fill in as much as possible. To help improve your support, with your consent ATS may contact another service on your behalf to request or share information. The list below should include your GP. Others may include Psychiatrist, Psychologist, Social Worker, Counsellor, Occupational Therapist, Physiotherapist, Speech Pathologist, Teacher, School Counsellor, etc...

Role/Profession:	Approx Date Last Seen:	Reports attached? (✓)
First Name	Last Name	Phone
Practice Name	Fax	Mobile
Street Address	Town	Postcode

Role/Profession:	Approx Date Last Seen:	Reports attached? (✓)
First Name	Last Name	Phone
Practice Name	Fax	Mobile
Street Address	Town	Postcode

Role/Profession:	Approx Date Last Seen:	Reports attached? (✓)
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Role/Profession:	Approx Date Last Seen:	Reports attached? (✓)
First Name	Last Name	Phone
Practice Name	Fax	Mobile
Street Address	Town	Postcode

For NDIS PARTICIPANTS: Please add your service provider's details (i.e. for accommodation, community access and participation, DSW's manager, other service manager).

Role	Service Types	
First Name	Last Name	Phone
Org Name	Fax	Mobile
Street Address	Town	Postcode

Role	Service Types	
First Name	Last Name	Phone
Org Name	Fax	Mobile
Street Address	Town	Postcode

Role	Service Types	
First Name	Last Name	Phone
Org Name	Fax	Mobile
Street Address	Town	Postcode

FOR NDIS PARTICIPANTS: Please give details for your Support Coordinator, Local Area Coordinator, or Planner.

Role	Service Types	
First Name	Last Name	Phone
Org Name	Fax	Mobile
Street Address	Town	Postcode

Role	Service Types	
First Name	Last Name	Phone
Org Name	Fax	Mobile
Street Address	Town	Postcode

FOR ALL CLIENTS IF APPLICABLE: Please give details for person responsible, guardian, public guardian.

Role:	Relationship to You:	Letter attached? (✓)
First Name	Last Name	Phone
Org Name	Fax	Mobile
Street Address	Town	Postcode
Areas of Guardianship		

SIGNATURES AND DETAILS FOR ALL CLIENTS: Your consent signature is required below. *"I have read and understood the above Client Consent and I understand that I can withdraw consent at any time."*

SIGN HERE	**DATE**	**BIRTH DATE**
First Name	Last Name	
Phone	Mobile	Fax
Street Address	Town	Postcode
Mail Address (if different)		

PERSON RESPONSIBLE: ………………………..………. (person giving legal consent)

SIGN HERE	**DATE**	
First Name	Last Name	
Org Name	Your Role	
Phone	Mobile	Fax
Street Address	Town	Postcode
Mail Address (if different)		
Add relevant details of your role with the client/participant and date of expiry if applicable		

Thank you for your valuable time in completing this information for your service.

Ability Therapy Specialists Pty Ltd
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0407 255 103

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W. www.abilitytherapyspecialists.com.au.

Meetings are by appointment only.

We are not a crisis service. If life is in danger ring 000.
If in need of immediate help ring Lifeline 13 11 14.

Thank you again for your support.