

# Client Consent Form

<b>Full Name</b>	
<b>Date of Birth</b>	

**IMPORTANT – In order to protect the participant’s privacy and confidentiality, please ensure the Consent and Authorisation Form are completed in full. Your information could be provided without your consent if required or authorised by law.**

Before we can get things started, we need to make sure the right person has consented to the proposed services. If the person we are providing services for can provide consent themselves, that’s great, they can sign or mark the box below. If they have someone helping them make decisions (like a Person Responsible or a Public Guardian) that person will need to sign this form. The consent provided here only applies to the services identified on this form and may be withdrawn at any time in writing.

Requested Services	
1.	
2.	
3.	

I, (or your person responsible/guardian) give permission for the SAL Consulting clinician providing the services in my Service Agreement or Contract to:

1. Talk to, observe and communicate with me, people who are important to me both personally and professionally, and staff and other professionals who are currently involved or who have been involved previously in my life. ☐ Yes ☐ No
2. Talk to other professionals and people or services involved with me, both current and previous, to seek or access file information and reports that may help to provide this service. ☐ Yes ☐ No ☐ Specific\*
3. Take photos and/or videos of me to help make my plans and reports person-centred and individualised. When this occurs, it is only for the purposes of the work outlined on this consent form. ☐ Yes ☐ No
4. Be included as part of the NDIS compliance training / auditing by SAL Consulting or our external auditor. This is conducted once a year with a small sample of clients who wish to share their experience with our auditor. ☐ Opt Out
5. Agree to the involvement of SAL Consulting students in the participation of service delivery. I understand that student’s involvement will be directly supervised by SAL Consulting senior clinicians. ☐ Yes ☐ No

\*If you consent to only certain people being contacted, please provide their details below:

<b>Name</b>	
<b>Organisation</b>	
<b>Position</b>	
<b>Phone / Email</b>	

<b>Name of person providing consent</b>			
<b>Relationship to person receiving services</b>			
<b>Date</b>		<b>Signature</b>	

## Privacy Statement

Our Privacy & Confidentiality policy is available on our website - <https://www.salconsulting.com.au/privacy-terms-conditions/>

## SAL Consulting Pty Ltd

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