

As a client / family / parent / caregiver accessing services and support from Inclusive Directions', by signing this form you acknowledge and agree:

1. That all information provided by you is, to your knowledge, accurate and truthful at the time that it is provided.
2. That, from time to time, Inclusive Directions may seek to obtain information about you / the client from other service providers, to enable the successful delivery of services.
3. That Inclusive Directions will manage all personal information in accordance with legislative obligations for privacy and confidentiality, and in line with the corporate Privacy & Confidentiality Policy (Pol-CS5.5).
4. To authorize Inclusive Directions to obtain information, on your / the client's behalf, from the nominated service providers as listed below, either in written or verbal form.
5. To authorize Inclusive Directions to release information, on your / the client's behalf, to the nominated services providers as listed below, either in written or verbal form.
6. To authorize Inclusive Directions to discuss or collaborate with the nominated service providers as listed below, to ensure the successful delivery of services.

NOMINATED SERVICE PROVIDERS:

Service provider name: _____

Contact person: _____ Telephone: _____

Contact email: _____

Service provider name: _____

Contact person: _____ Telephone: _____

Contact email: _____

Service provider name: _____

Contact person: _____ Telephone: _____

Contact email: _____

AGREEMENT:I / We _____
(Full name(s) of parent(s))of _____
(Residential address)on behalf of _____
(Client's name)

here by acknowledge and agree to the above terms and conditions for exchange of information by Inclusive Directions', in relation to the delivery of all services and supports.

Signed: _____

Date:

Date:

Signed: _____

Date:

(Staff member explaining form)

Name: _____

ONCE COMPLETED PLEASE ENSURE FORM IS SCANNED AND ENTERED INTO CLIENT FILE.