Consent Form

The Speech Path, and the Speech Pathologist assigned to you via the Speech Path Platform needs to collect information about their clients for the primary purpose of providing a quality service to their clients. In order to thoroughly assess, diagnose and provide therapy, we need to collect some personal information from you (about the prospective client). If you do not provide this information; we may be unable to treat the client. This information will also be used for:

a. The administrative purpose of running the business;

b. Billing either directly or through an insurer or compensation agency;

c. Use within the Speech Path platform if passing your case to another speech pathologist within the Speech Path platform for client care and ongoing management;

d. Disclosure of information to the client's doctors, other health professionals or to teachers/caregivers to facilitate communication and best possible care for the client; and

e. In the case of insurance or compensation claim it may be necessary to disclose and/or collect information that affects your return to work.

We do not disclose your personal information to overseas recipients.

The Speech Pathologist has a Privacy Policy that is available on request and is available in the policies section of the Speech Path Platform. This policy provides guidelines on the collection, use, disclosure and security of client information. The Privacy Policy contains information on how you may request access to, and correction of, the client's personal information and how you may complain about a breach of privacy and how we will deal with such a complaint. A summary of the Privacy Policy is contained in the policies section of the Speech Path platform.

To ensure the process of quality treatment provision, information about the client's assessment results and progress may be given to other relevant service providers, who are involved in the client's management. These may include the client's doctor, teachers, specialists, insurers, solicitors, employers or others, but only where it is considered to be of benefit to the client's progress. Please provide names of individuals involved in their care to assist us.

Please list the names and contact details of the individuals involved in the client's care in the client profile section of the Speech Path platform:

I ..... (name) 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 the client's assessment and therapy progress. I am aware that I can access the client's personal and treatment information on request or via the progress screen in the Speech Path platform 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 Speech Pathologist must obtain additional consent if the information collected is to be used in any ways other than that outlined above.

Please acknowledge by signing as appropriate:

Client/Parent Name:

Child's Name:

Client Name:

Signed Date