

Hunter Prelude Early Intervention Centre

Consent Form

Child's Name: _____

D.O.B _____

This consent form is valid from enrolment to discharge

1. Confidentiality and Privacy - All records that we keep on your child are completely confidential. However, you are most welcome to have access to them at any time. Sometimes, we need to communicate with other professionals who are working with your child. We are therefore seeking your written permission to allow us to make contact and exchange information with these professionals.

I _____ give permission for information about my child to be obtained from, or given to, other professionals who may be involved in my child's care. For example, doctor's, pre-schools, therapists.

Signed: _____

Date: _____

Relationship to child _____

2. Publicity - As we are a community based organisation and a registered non-profit organization, we often receive donations and publicity about our service. Therefore, Hunter Prelude seeks your permission to use photographs/video footage that may involve your child, for community education, AGM reports, newsletters and publicity / promotion & teaching purposes. Photographs of the children are NOT used on Hunter Prelude's website and no names are used.

I _____ give permission for the use of photographs of my child for the purpose of community education and awareness, AGM reports, newsletters and publicity / promotion.

Signed: _____

Date: _____

Relationship to child: _____

3. CSTDA Minimum Data - Hunter Prelude Early Intervention Centre is required to release information about the children who access our program (**without identifying your child by full name or address**) to The Department of Ageing Disability and Home Care and to the Institute of Health and Welfare, to enable statistics about disability services and their clients to be compiled. The information will be kept confidential. This information is used for statistical purposes only and will not affect your entitlements or your access to services. As a user of CSTDA – funded services you have the right to access your own files and to up date or correct information included in the CSTDA MDS collection.

Signed: _____

Date: _____

Relationship to child: _____