

# Occupational Therapy Consent Form

## Occupational Therapy Services

As part of providing an Occupational Therapy (OT) service to you, your occupational therapy students must collect and record personal information from you, such as your name, contact information, medical history, and other relevant information. This collection of personal information is a necessary requirement for us to be able to offer you occupational therapies at the CDU Wellness Centre.

## Purpose of collecting information

The information gathered is kept securely in a locked filing cabinet and then transferred to an online electronic file management system. In the interests of your privacy, the information is used only by your treating occupational therapist(s), their Clinical Supervisors, and authorised personnel of the CDU Wellness Centre (as necessary). As we are a training clinic for post-graduate students in Occupational Therapy (occupational therapy students), it is essential that relevant personal information is collected from clients and discussed between the occupational therapist(s) and Clinical Supervisors in order to provide an appropriate and safe service to you. Deidentified information may be discussed at triage and case discussion meetings for service provision and training purposes. A more detailed description is provided in the CDU Wellness Centre's "Privacy policy for management of personal information", which can be obtained upon request.

## Consequence of not providing personal information

If you do not wish for your personal information to be collected in this way, we may not be able to provide an Occupational Therapy service to you. Please discuss your concerns with your occupational therapist and/or the Clinical Supervisor.

## Access to your information

You are entitled to access your personal information kept on file, subject to exceptions in the relevant legislation. Please speak with your occupational therapist to discuss different possible forms of access if required.

## Disclosure of personal information

Personal information gathered during the provision of the OT service will not be shared with others except when:

1. it is subpoenaed by a court; or
2. failure to share the information would, in the reasonable belief of the occupational therapist, place you or another person at serious risk to life, health or safety; or
3. your prior approval has been obtained to
  - a) provide a written report to another professional or agency. e.g., a GP or a lawyer; or
  - b) discuss the material with another person, e.g., a parent, employer, or health provider; or
  - c) discussed for the purposes of professional supervision and training; or
4. disclosure is otherwise required or authorised by law. In the Northern Territory this relates to abuse, neglect, and domestic violence.

Your personal information is not disclosed to overseas recipients, unless you consent, or such disclosure is otherwise required by law. Your personal information will not be used, sold, rented, or disclosed for any other purpose.

## Video Recordings

The CDU Wellness Centre Occupational Therapy Services are provided by occupational therapy students under the supervision of Registered Occupational Therapists. It is a requirement of the training process for occupational therapy sessions to be recorded for review by the occupational therapy students and/or authorised members of the clinical team. These recordings are securely retained for 1 (one) year and then permanently deleted.

Video recordings may also occur with CDU Wellness Centre staff providing services for the purpose of ongoing use in the training of the occupational therapy students. In this case, additional consent will be obtained from the client as indicated below.

As a patient at the CDU Wellness Centre Occupational Therapy Services, you have the right to opt out of being video recorded at any time during your treatment sessions. If you choose to opt out, your therapist will ensure that the recording device is turned off and that your session is not recorded. Please note that your decision to opt out will not affect the quality of care you receive in any way and that you are free to change your mind about being recorded at any time.

**Please ( ✓ ) tick below if you agree to the conditions stated in this Consent Form.**

- ☐ I have read and understood this Consent Form and agree to the conditions stated for the provision of occupational therapy services and to the video recording of our sessions for the purpose of training and supervision of occupational therapy students at the CDU Wellness Centre.
- ☐ (Optional) As the parent, carer or guardian of the client/child named above, I consent to the use of video recordings captured at the CDU Wellness Centre Occupational Therapy Services for other teaching purposes within the occupational therapy discipline at CDU.

Client Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Name/s: \_\_\_\_\_  
*If the client is under 18 years old.*

Signature (Parent/Guardian): \_\_\_\_\_  
*If the client is under 18 years old, the Parent/Guardian must sign on the client's behalf.*

- ☐ I consent for my occupational therapist and supervisor to communicate with my General Practitioner, Doctor or Medical Professional. (If yes, please provide contact details.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_