



CONSENT & PRIVACY

Client Information and Privacy Notice

River & Light Allied Health | Mal Fourie, Occupational Therapist | ABN 57 380 383 268 | malfourie@rllalliedhealth.com

About this document. This document explains how River & Light Allied Health handles personal and health information and how consent for occupational therapy services is managed. It is designed to be available on our website and in printed form. Please ask any questions before signing the consent section.

1. Your rights and choices

You have the right to be treated with dignity and respect, to be involved in decisions about your supports, to have your privacy respected, to ask questions, and to raise concerns or complaints without being disadvantaged. NDIS participants also have rights to self-determination, privacy, safe and competent supports, and honest and transparent service delivery.

Occupational therapy is voluntary. You may ask to pause or stop an assessment or intervention, decline an activity, request a support person, or change/withdraw consent for future services or information sharing. Withdrawal does not undo actions already taken while valid consent was in place.

2. Information we may collect

We may collect personal and sensitive information reasonably necessary to provide safe occupational therapy and meet professional, legal and administrative obligations, including:

- identity and contact details, date of birth and emergency contact information;
- health, disability, developmental and functional information, diagnoses, medications, risks and relevant medical history;
- NDIS details, plan information, funding and plan-management details where relevant;
- information about daily activities, home, school, work, community participation, goals, supports and environmental needs;
- information provided by you and, where authorised, family, guardians, support coordinators, health professionals, schools or other providers;
- clinical notes, assessment results, reports, equipment/home-modification information, billing and appointment records.

3. Why we collect and use information

Information may be used to assess function and needs; plan, deliver and review therapy; communicate with you; prepare reports and recommendations; assess or prescribe assistive technology; undertake environmental assessment; coordinate with authorised supports; manage appointments and billing; maintain clinical records; meet insurance, professional, regulatory and legal obligations; and respond to safety concerns or complaints.

4. How information is collected

Information is usually collected directly from you through forms, calls, emails, consultations and therapy. With consent, relevant information may also be collected from authorised third parties. In limited circumstances, information may be collected, used or disclosed without consent where permitted or required by law, including responding to a serious threat to life, health or safety.

5. Storage and protection

River & Light Allied Health takes reasonable steps to protect information from misuse, loss, unauthorised access, modification or disclosure. Records may be stored in secure practice-management, email, cloud-storage and clinical record systems and, where applicable, secure physical records. Access is limited to those who require it for legitimate clinical, administrative, professional or legal purposes.

Records are retained for the period required by applicable professional, privacy, health-record and legal obligations, then securely destroyed or de-identified where appropriate.



PRIVACY INFORMATION

Use, disclosure, access and complaints

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6. When information may be shared

Information will generally only be shared with your consent, where it is reasonably expected for the purpose for which it was collected, or where disclosure is otherwise permitted or required by law. Depending on your services and authorisations, relevant information may be shared with:

- your parent, guardian, nominee, advocate or authorised family member;
- Support Coordinator, Recovery Coach, Plan Manager or other authorised NDIS contact;
- GPs, specialists, allied health professionals, support workers or care providers involved in your care;
- schools, childcare services, workplaces or community services where relevant and authorised;
- the NDIA or NDIS Quality and Safeguards Commission where authorised, required or appropriate to the service;
- assistive technology suppliers, builders or home-modification providers when needed for assessment, trial, quoting or prescription;
- professional advisers, insurers, auditors, technology/service providers or authorities where necessary for professional, business or legal obligations.

7. Access and correction

You may ask to access personal information River & Light Allied Health holds about you or request correction of information that is inaccurate, incomplete or out of date. Contact River & Light Allied Health to make a request. If access must be limited or refused under law, available reasons and options will be explained where required.

8. Website, email and telehealth

Email, website forms, electronic records and telehealth can involve privacy and security risks despite reasonable safeguards. You may tell us if you do not want particular information sent electronically. Information submitted through a website enquiry form will be used to respond to the enquiry and manage the requested service. Any website analytics or cookies should be described in the website's separate cookie/privacy notice where applicable.

9. Privacy questions and complaints

If you have a concern about privacy or how information has been handled, please contact River & Light Allied Health first so the concern can be reviewed. You may also have the right to complain to the Office of the Australian Information Commissioner (OAIC). NDIS participants may raise concerns about the quality, safety or privacy of NDIS supports with the NDIS Quality and Safeguards Commission.

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External options:
Office of the Australian Information Commissioner: www.oaic.gov.au
NDIS Quality and Safeguards Commission: www.ndiscommission.gov.au | 1800 035 544

10. Changes to this notice

This privacy information may be updated from time to time to reflect changes in services, systems, law or regulatory guidance. The current version should be made available on the River & Light Allied Health website and on request.

Privacy summary

In simple terms: River & Light Allied Health collects information needed to provide occupational therapy, keeps it as secure as reasonably possible, limits sharing to authorised or legally permitted purposes, and gives clients ways to access/correct information and raise concerns.

This document is intended to support transparent practice. It should be read alongside any applicable service agreement, cancellation policy, complaints procedure and other practice policies.



CONSENT TO OCCUPATIONAL THERAPY

Client / Participant Consent Form

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11. Consent to assessment and therapy

Occupational therapy may include interview, observation, functional assessment, standardised or non-standardised assessment, practical activities, education, intervention, environmental assessment, assistive technology/equipment assessment, liaison and report writing, depending on the referral.

- I consent to River & Light Allied Health providing occupational therapy assessment and intervention.
- I understand I may ask questions, decline an activity, request a support person, or withdraw consent for future services at any time.
- I understand outcomes cannot be guaranteed and recommendations are based on available information and occupational therapy clinical judgement.

12. Consent to collect and store information

- I consent to River & Light Allied Health collecting and storing personal and health information reasonably necessary to provide services and maintain clinical records.
- I understand relevant information may be stored in secure electronic systems used for clinical records, communication, billing and administration.

13. Consent to information sharing

Tick the people or organisations River & Light Allied Health may communicate with when relevant to my care. Information shared will be limited to what is reasonably necessary for the purpose.

- Parent / guardian / nominee / authorised family member
- Support Coordinator / Recovery Coach
- Plan Manager
- NDIA / authorised NDIS contacts
- GP / medical specialist
- Other allied health professionals
- School / childcare / education provider
- Support workers / care provider
- Equipment supplier / builder / home-modification provider where relevant
- Other authorised person or organisation listed below

Other authorised contact(s):

Specific limits on sharing:

Specific limits on sharing:

14. NDIS reports and documentation

- Where applicable, I consent to River & Light Allied Health preparing NDIS reports, letters, functional assessments and recommendations using relevant clinical information.
- I consent to reports/supporting documents being provided to the NDIA and/or my authorised NDIS representatives when I request or authorise this.

River & Light Allied Health provides clinical evidence and recommendations but does not determine NDIS eligibility, funding or plan decisions.

15. Telehealth and electronic communication

- I consent to telehealth appointments where agreed and clinically appropriate.
- I consent to appointment and clinical communication by email, phone and/or SMS using the contact details I provide.

Telehealth/electronic communication may involve technical or privacy risks. An in-person assessment may be recommended where telehealth is not clinically appropriate.



ADDITIONAL CONSENTS & SIGNATURE

Optional permissions and consent declaration

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16. Clinical photographs, video and audio

Clinical photographs or video may help with equipment prescription, environmental assessment, movement analysis, documentation or communication with an authorised provider. These are not used for marketing under this consent.

- YES - I consent to clinical photographs and/or video when relevant to my assessment or therapy.
- NO - I do not consent to clinical photographs or video.

Marketing, website and social media: identifiable photographs, video, testimonials or personal stories require separate, specific written consent and are not authorised by this form.

17. Students, support people and observers

- I consent to a student, therapy assistant or other clinician being present only after this has been discussed with me and I have agreed.
- I understand I may request a support person, family member or advocate be present where appropriate.

18. Emergency and safety information

If River & Light Allied Health reasonably believes there is an immediate or serious risk to a person's life, health or safety, information may be used or disclosed as permitted by law to assist with responding to that risk. Where appropriate and safe, you will be informed about actions taken.

19. Consent declaration

By signing below, I confirm that I have read or had this document explained to me, have had an opportunity to ask questions, understand the information provided, and give consent for the items selected. I understand I may change or withdraw consent for future services or information sharing by contacting River & Light Allied Health. Some records or disclosures may still be required by law or professional obligations.

Client / participant name		Date of birth	
Name of person giving consent		Relationship to client	
Signature		Date	

Preferred contact method:

Email / phone:

Children and supported decision-making. If the client cannot independently provide informed consent, the person signing confirms that they have appropriate authority or that consent is otherwise being provided in accordance with applicable decision-making arrangements. Where possible, River & Light Allied Health will seek and respect the client's assent, preferences and communication needs.

Version: September 2026. Review periodically against current privacy, health-record, NDIS and professional requirements.