

Kern Allied Health Privacy and Dignity Statement

Kern Allied Health adheres to the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission's Practice Standards and Quality Indicators, Core Module 1: Rights (Privacy and Dignity) and will ensure personal information is treated with dignity and respect.

Kern Allied Health is bound by the Australian Privacy Principles under the Privacy Act 1988 (Cth) and other relevant laws about how private health service providers, such as Kern Allied Health, handle personal information (including but not limited to participant health information). We are committed to complying with all applicable privacy laws which govern how Kern Allied Health collects, uses, discloses, and stores your personal information.

We will collect your personal information to provide you or your family member with therapy services and directly related purposes that you would reasonably expect. We will usually collect your personal information directly from you or your appointed family member. We will only seek or share information from a third party if we have discussed this in advance with you and obtained your consent. The only exception(s) is that we are obliged to share information about your progress against your NDIS Goals with the NDIA and your Support Coordinator, prior to your next plan review. We will give you an opportunity to view this information, prior to it being sent to the NDIA. The other exception is if we were required by Law and it is not reasonable or practical for us to collect this information directly from you (for example, your life is at risk and we need to seek or provide emergency treatment).

We may collect, use, or disclose your personal information for:

- Use by your Kern Allied Health interdisciplinary team; this may include therapists whom we subcontract who are involved in providing services for you or your family member. You will know who these therapists are.
- Liaison with a third party where we have discussed and obtained your consent, such as a health professional, school or a service provider involved in your or your family member's care
- Maintenance of records as required by law; or
- Other purposes required or permitted by law. You have the right to request access to your personal information that we hold about you or your family member (aged under 16). You can also request an amendment to personal information that we hold about you should you believe that it contains inaccurate information.

This Privacy and Dignity Statement lets you know how Kern Allied Health will handle your personal information. For further information or to receive a copy of our Easy Read Privacy and Dignity Policy, please ask an employee; visit our website (www.kernhealth.com.au); call 1300 122 155; or email info@kernhealth.com.au.

Storage and security of your or your family member's personal information is of the utmost importance to Kern Allied Health and records are held securely. All personal information transmitted electronically is done via secure HTTPS connections. HTTPS requires the authentication of the accessed website and ensures protection of the privacy and integrity of the exchanged data. As part of Kern Allied Health data sharing, we have obligations to comply with all laws relating to the privacy, including security, confidentiality, and dignity, of your personal information.

Consent to share personal information with third parties

I provide consent for Kern Allied Health to collect, use and disclose my/ or the participants personal information to the third parties named below. I understand I may withdraw my consent at any time. If I decide to withdraw my consent this may result in Kern Allied Health being limited in its capacity to deliver therapy services to myself or the participants.

PARTIES

I provide consent for Kern to contact and share information with the following organisations:

Name: _____

Signed: _____ Date: _____

Name of person(s) AND Role (if applicable)	Organisation	Contact details

CONSENT TO PARTICIPATE IN TELEHEALTH (only sign if relevant)

I consent for Kern Allied Health to use Telehealth to deliver my (all/some) therapy supports.

Yes No

Name: _____

Signed: _____ Date: _____