Privacy and Dignity Statement

Kern adheres to the 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 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, 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 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 for purposes that you would reasonably expect. We will usually collect this information directly from you or your family member. We will only seek or share information from a third party if we have 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, before it is 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 interdisciplinary team; this may include therapists from external service providers who are involved in providing services for you or your family member. You will know who these providers are.
- Liaison with a third party such as a health professional, school, support coordinator, plan manager or another service provider involved in you 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.

Storage and security of you or your family member's personal information is of the utmost importance to Kern 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 data sharing, we have obligations to comply with all laws relating to the privacy, including security, confidentiality, and dignity, of your personal information.

kernhealth.com.au
1300 122 155
info@kernhealth.com.au

By signing below, you consent for Kern Allied Health to collect, use and disclose my/ or the participants personal information as outlined above. 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.

Consent to share personal information & participate in Telehealth:

I provide consent for Kern to collect, use and disclose my personal information to the third parties directly involved in my support. I understand I may withdraw my consent at any time. If I decide to withdraw my consent this may result in Kern being limited in its capacity to deliver therapy services to myself.

I consent for Kern to use Telehealth to deliver therapy supports with prior approval.

If you do not consent to the above statements, please provide written confirmation to info@kernhealth.com.au declaring you do not consent to the sharing of personal information with third parties and/ or the use of Telehealth when appropriate.
Upon submitting the form, your personal details will be sent securely to Kern Allied Health. Please review and accept theprivacy policyof Kern Allied Health and click I reviewed and I accept.

I reviewed and I accept ○

Particpant / Plan Nominee / Plan Representiave Name

Particpant / Plan Nominee / Plan Representiave Signature

Date