

## **Privacy Consent Form**

CGM Disability Services respects your privacy. This Form explains why we collect and use your personal information and the parties to whom your information may be disclosed and obtains your consent to such collection, use and disclosure.

### **Using and sharing your personal information**

The personal information we process about you will include information about you and your disability. This information may take many forms including as written by us and by other health professionals as well as photographs and videos of you and your condition taken by us or other health professionals.

**We use your personal information to provide, manage and administer care to you and for purposes directly or indirectly related to providing, managing and administering such care.**

**In addition to this, we may also share your personal information with:**

1. CGM Disability Services's funding providers
2. your doctor and other NDIS providers
3. government and regulatory bodies, including the National Disability Insurance Agency, Medicare, other state based disability government agencies, and the Australian Taxation Office
4. NDIS approved auditors for the purposes of undertaking audit and other quality assurance activities in respect of CGM Disability Services related to CGM Disability Services obtaining or maintaining registration as an NDIS registered provider. As a Participant, you will be automatically enrolled in NDIS audits. However, you may opt out at any time.
5. people acting on your behalf including their nominated representatives, legal guardians, executors, trustees and legal representatives
6. the Police, or to the Disability Services Commissioner, or to comply with compulsory notices from courts of law, tribunals or Government Agencies
7. financial institutions for payment processing
8. CGM Disability Services's contracted service providers
9. others, without your consent, if we are required by law to do so
10. other persons as specified in our Privacy and Dignity Policy.
11. collaborating with behaviour support practitioners and other providers including mainstream service providers in your provider team to engage in both formal and informal approaches to monitoring the implementation of behaviour support plans. Informal approaches include recording feedback from regular meetings and discussions with the Client and Workers via regular team meetings, encouraging and obtaining feedback from the Client's support network across different settings and from other providers. Formal strategies include recording data required by Legislation in relation to the use of regulated restrictive practices and as otherwise required by the terms of the behaviour support plan.
12. collaborating with behaviour support practitioners and other providers including mainstream service providers in your provider team following the use of any unauthorised restrictive practice.

In some circumstances, information could be provided without your consent if required or authorised by law.

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## **Complaints and Incidents**

The CGM Disability Services Privacy and Dignity Policy contains information about how you can access the personal information we hold about you, how you can make a complaint about a breach of your privacy and how we will deal with your complaint (i.e. in accordance with our Feedback and Complaints Management Policy).

Any breach or alleged breach of your privacy will be taken seriously. In each case, the incident has to be reported and managed in accordance with our Incident Management System set out in our Incident Management and Reporting Policy. For more information see our Incident Management and Reporting Policy.

You can contact us using the details set out below if you have any questions or concerns including to request a copy of our Privacy and Dignity Policy, Feedback and Complaints Management Policy or Incident Management and Reporting Policy.

## **CGM Disability Services**

bernie@cgmdisabilityservices.com.au

0402 052 162

## **Can I withdraw or amend my consent to the use of my personal information?**

You may withdraw or amend your consent to CGM Disability Services using your personal information at any time by written notice to CGM Disability Services.

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**PLEASE COMPLETE EITHER A OR B BELOW:**

**A. Client Consent**

I have read this Privacy Consent Form and the CGM Disability Services Privacy and Dignity Policy and consent to the use of my personal information for the purposes set out above and in accordance with my preferences set out below and in the CGM Disability Services Privacy and Dignity Policy.

**Signed by the Client:**

.....  
Signature

Date: ...../...../.....

.....  
Name (please print)

**B. Guardian/Parent Consent on behalf of Client**

I am authorised to act on behalf of .....  
Client name (printed)

and I have read the Privacy and Dignity Policy Statement and the CGM Disability Services Privacy and Dignity Policy. I consent on behalf of the stated Client for the use of his/her personal information for the purposes set out and in accordance with the preferences set out below.

I also consent to my personal information being used to administer this consent and to provide evidence of this consent to third parties.

**Signed by the Representative:**

.....  
Signature

Date: ...../...../.....

.....  
Name (please print)

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**KEEPING OTHER PEOPLE INFORMED (PLEASE COMPLETE AS APPROPRIATE)**

1. Irrespective of any request received, I direct you NOT to provide my / the Client's personal information to: (please specify name/details) .....

2. In addition to the categories of people set out in this Privacy Consent Form and the CGM Disability Services Privacy and Dignity Policy, I consent for you to disclose my / the Client's personal information to (please specify name / contact details) .....

**WITHDRAWAL OF CONSENT (PLEASE COMPLETE IF APPLICABLE)**

3. Notwithstanding the above, I **do not give** my consent for CGM Disability Services to use my / the Client's personal information for:

☐ conducting quality assurance activities including conducting surveys, research and analysis and resolving complaints.

☐ NDIS audit and other quality assurance activities in respect of CGM Disability Services related to CGM Disability Services obtaining or maintaining registration as an NDIS registered provider

☐ promoting CGM Disability Services and its activities, including through events and forums

☐ recruiting employees, contractors and volunteers

☐ evaluating CGM Disability Services's work and reporting externally

☐ carrying out internal functions including training

☐ receiving marketing communications from CGM Disability Services, that consent will remain current until they advise CGM Disability Services otherwise. However, individuals can opt out at any time

☐ receiving CGM Disability Services newsletter (individuals can opt out at any time)

☐ where the personal information comprises photos, publication on CGM Disability Services's website or social media profile

☐ such personal information being recorded in audio and/or visual format

☐ I would like to receive a copy of this signed privacy consent form and the Privacy and Dignity Policy.

Email or Mail Address: \_\_\_\_\_

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**Declaration by CGM Disability Services Staff Member:**

*I declare that I have explained the matters on this form to the Client, including how their personal and sensitive information will be handled.*

**Signed** for and on behalf  
of **CG Mackie Pty Ltd**  
**ABN 64 690 806 145 (CGM Disability Services)**, by:

.....  
Signature

Date: ...../...../.....

.....  
Name (please print)

**Don't understand something? Let us know!**

We want to communicate with you in a way that **you** understand. While we endeavour to use plain language and some of our staff speak a number of different languages, we have relationships with interpreters and advocates that can assist if you can't understand us or we can't understand you.

CGM Disability Services is more than happy to arrange bilingual staff or a qualified interpreter to help you understand this document.

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