



PATIENT REGISTRATION AND CLIENT CONSENT FORM

CLIENT DETAILS

Title: _____ **Date of Birth:** _____

Last Name: _____ **First Name:** _____

Full Address: _____

Post Code: _____

Phone (H): _____ **Phone (M):** _____

Email: _____

Emergency Contact (Name/Phone): _____

CONSENT FOR THE SERVICES

MQ Health Speech and Hearing Clinic is owned and operated by Macquarie University ABN 90 09520 801 237 (**the Clinic**). The Clinic is located at the Australian Hearing Hub, Macquarie University campus.

The Clinic collects, holds, uses and discloses personal and health information (as defined in applicable legislation) about you for the primary purpose of providing you with speech pathology or audiology services and activities associated with the delivery of those (**Services**).

The Clinic Information Booklet attached to this Client Consent Form (**Information Booklet**) provides information about:

- (a) the Clinic's Services;
- (b) what personal and health information the Clinic may collect about you;
- (c) how the Clinic handles your personal and health information, including about the disclosure of your information to third parties; and
- (d) how you can seek access to, and correct, your information or raise a privacy concern with us and how it will be dealt with.

The Clinic also collects and handles personal and health information in accordance with the Macquarie University Privacy Management Plan, currently available on the Macquarie University website at mq.edu.au/privacy (**Privacy Management Plan**).

By signing this Client Consent Form, you acknowledge and agree that:

1. you have received, read and understood the Clinic Information Booklet, explaining in general terms, the Clinic's Services and how the Clinic will collect and manage your personal and health information;

2. you understand that additional information about your privacy rights can be found in the Macquarie University Privacy Management Plan;
3. you consent to the collection, use and disclosure of your personal and health information as contemplated in this Client Consent Form and the Information Booklet; and
4. you consent to the collection, use and disclosure of your personal and health information for additional purposes, where indicated below.

A. CONSENT FOR OTHER PURPOSES (Optional)

The Clinic may wish to use and disclose your personal and health information for additional purposes as further detailed in the Information Booklet. Your consent to the use of your information for these additional purposes is voluntary. You can contact the Clinic at any time to opt-out or change your preferences.

Description of use or disclosure	Consent
<p>1. I consent to my treating clinician contacting consulting professionals also participating in my care, and sharing relevant health information (including the details of my intervention/assessment). This will not occur without further discussion between you and your treating clinician.</p> <p><i>Please tick relevant professionals</i></p>	<input type="checkbox"/> Teacher <input type="checkbox"/> GP <input type="checkbox"/> School counsellor <input type="checkbox"/> Psychologist <input type="checkbox"/> ENT <input type="checkbox"/> Family / Carer/ legal guardian _____ <input type="checkbox"/> Other _____
<p>2. I consent to my personal and health information being used for the training and clinical education of students.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. I consent to the Clinic contacting me in the future regarding my potential participation in any specific research project being conducted by the clinic</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. I consent to my personal and health information being sent to me by email.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. I consent to receiving information about services and products that the Clinic believes may be of interest to me</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have read (or where appropriate, have had read to me) and understand the information above and any questions I have asked have been answered to my satisfaction.

Client/Parent/Guardian signature: _____

Date: _____