Consent to Exchange Information

Please read this information, then complete the authorisation pages that follow.

ABOUT US

Rayze Pty Ltd (trading as Supersaurus) is a multidisciplinary allied health service provider. Our professionals work across a range of disciplines to provide coordinated, comprehensive care that addresses the client's individual needs.

Our team may include psychologists, speech pathologists, occupational therapists, educators, dietitians and therapy assistants. In this document, these professionals are collectively referred to as clinicians.

To support your care and treatment, your clinicians may need to share relevant information with one another. If you do not want your information shared with other clinicians at Supersaurus, please tell your therapist directly.

With your consent, we may share your information with service providers outside Supersaurus, including your doctor, school, employer and other treating professionals.

For further information on our Policies and Codes of Conduct, please visit www.supersaurus.com.au.

PRIVACY POLICY

We respect your privacy and will only share your information when necessary. We may share information without your consent where required by law or where necessary to keep you or another person safe. To authorise us to exchange your information, please complete the authorisation pages that follow.

PERSONAL INFORMATION

As part of providing services to you or your dependant, we need to collect and record personal information relevant to your situation, such as your name, contact details, medical history and other relevant information. Collecting this information is a necessary part of assessment and treatment.

PURPOSE OF COLLECTING AND HOLDING INFORMATION

We collect your personal information as part of your assessment and treatment. It is stored securely and, to protect your privacy, is accessed only by your clinician and authorised Supersaurus staff when needed. We keep this information to record what happens in your sessions and to help your clinician provide care that is relevant to you.

CONFIDENTIALITY

All personal information gathered while we provide your services is kept confidential and secure. We will only share it if a court subpoenas it, if keeping it private would place you or someone else at serious and imminent risk, or if the law otherwise requires or allows it. We will also share it when you have given us permission, for example to send a written report to another professional or agency, or to discuss your care with someone such as your Co-ordinator of Supports.

Consent to Exchange Information

CLIENT DETAILS

First Name		**Surname**	
Date of Birth		**Preferred Name**	
Gender	Male	**Preferred Pronouns**	He/Him

REPRESENTATIVE DETAILS

Parent/Carer 1

First Name		**Surname**	
Relationship		**Mobile Number**	
Email Address			
I am the legal representative for the client		☐ Yes ☐ No	

Parent/Carer 2

First Name		**Surname**	
Relationship		**Mobile Number**	
Email Address			

I have read and understood the Consent to Exchange Information guide and agree that Rayze Pty Ltd (trading as Supersaurus) can exchange information with the following parties:

SCHOOL

If not at school, please write NA

School Name		**Teacher**	
Email		**Phone Number**	

EMPLOYER

If not employed, please write NA

Employer Name		**Position**	
Email		**Phone Number**	

OTHER ADULT 1

For example a step-parent, grandparent etc

Name		**Relationship**	
Email		**Phone Number**	

OTHER ADULT 2

For example a step-parent, grandparent etc

Name		**Relationship**	
Email		**Phone Number**	

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I have read and understood the Consent to Exchange Information guide and agree that Rayze Pty Ltd (trading as Supersaurus) can exchange information with the following parties:

NDIS

If applicable

NDIS Number		**LAC**	
Plan Manager		**Email Address**	

CO-ORDINATOR OF SUPPORTS

If applicable

Full Name		**Company**	
Phone		**Email Address**	

SUPPORT WORKER

If applicable

Full Name		**Mobile**	
Email Address			

DOCTOR

Full Name		**Practice**	
Phone		**Email Address**	

SPECIALIST DOCTOR *eg Paediatrician, Psychiatrist*

Full Name		**Practice**	
Type		**Email Address**	

THERAPISTS *For example OT, Speech Therapist etc*

If you need more room, please attach a separate page and sign it.

Full Name	Practice	Type	Phone	Email Address

SIGNATURE *Client, or parent, carer, guardian or representative*

Name		**Signature**	
Date		**Relationship to client (if not the client)**	