

Consent Form

I _____ (Full name)

of _____ (Residential Address)

confirm that the assessment process has been explained to me by _____ (consultant), and that I understand the implications of the assessment. I further consent to receiving rehabilitation services from OTRS and consent to OTRS collecting personal information about me in relation to the services that I will receive.

I authorise the collection and release of any information that is required to complete the assessment. This may also include verbal and written information about my past or current medical and/or rehabilitation or treatment. Key Parties that OTRS may share and collect personal information with could include:

- General practitioner (GP)
- Medical specialist
- Other health professionals
- Referring Agency e.g. ACC, MOE
- Family or Whanau members (please specify):

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- Other (please specify):
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I understand that:

OTRS complies with all relevant privacy laws, including the Privacy Act 2020 and the Privacy Principles that set out how OTRS will collect, store, use, share and dispose of personal information.

- I understand that I am entitled to request access to, and correction of, personal information which has been collected and held by OTRS. I also understand that I can revoke my consent at any time by providing written notice to OTRS but also understand that this may impact on OTRS's ability to continue to deliver services.
- My information is stored on a client management system that may need to be accessed by OTRS when necessary to address IT issues, complete quality audits and for other reasonable business purposes.
- I will be provided with a copy of this signed consent form
- I consent to photos being taken of me to assist with the assessment and rehabilitation. I understand these photos will not be shown to persons not involved with my rehabilitation.

By signing you consent to participate in this assessment.

Signed _____

Date _____