

Name of client	
Name of authorised representative (if applicable):	
Relationship to client (if applicable):	

- *This consent form is relevant for all Bayley House Services.*
- *It should be completed prior to service commencement and must be reviewed annually or as needs and services change.*
- *It should be read in conjunction with the Client Privacy Statement (REF-030), policy 3.2 Privacy and Confidentiality, and policy 6.5 Management of Resident Monies as relevant.*
- *Permission and consent may be withdrawn at any time on receipt of a written request.*

Authority to obtain or release information

I agree that Bayley House may obtain or disclose information about the client (including personal information or health information) with Bayley House staff and external service providers. I understand that information about the client will only be obtained or disclosed for purposes relating to the provision of services to the client by Bayley House, including to government departments and agencies and other funding bodies where it is required to disclose that information under a law or agreement with that department, agency or body. I acknowledge that this will include allowing quality auditors to access information about the client. Any information about the client received by Bayley House will be treated as confidential.

Please list any specific exclusions for consent being granted to obtain and release information

Name of person/authority - consent not given e.g. Sunnyside High School	Type of consent denied e.g. obtaining and disclosing of all medical information

I have read and understood the Bayley House Client Privacy Statement and consent to the personal and health information relating to the client named above being collected and dealt with in accordance with the Client Privacy Statement. I have informed Bayley House of specific instances where consent will not be granted by completing the table above.

Please tick box to agree with the above statement.

Please note - by not ticking this box, the client may not be eligible to receive some supports.

Signed: _____

Date: _____

Photography and Publications

This section applies to all instances where photographs, film footage, audio material, electronic images, internet (including social media), correspondence and/or quotations are used in material using the Bayley House name or logo or collected/taken in the name of Bayley House or in services or activities organised by Bayley House. Material used will always seek to display the individual and Bayley House in the most positive and appropriate manner.

I authorise the use of photographs (as described above) of the client for the following use:

Internal use: **Yes** **No**

External use: **Yes** **No**

Signed: _____ **Date:** _____

Consent to Manage Resident Monies

(Please complete this section if using Accommodation & Respite Services)

I declare that I have been provided with, read and understand, or have had read and explained to me, Bayley House’s Management of Resident Monies Policy and I consent to Bayley House managing money for the client named above, within the specifications and guidelines of the Disability Act (2006) and the Bayley House Management of Resident Monies Policy

Please tick box to agree with the above statement.

Signed: _____ **Date:** _____

* No Authorised Representative

Where the client does not have an authorised representative, staff need to observe the following:

Two Bayley House staff representatives must be present when the form is signed, and one must be a Senior Manager. The staff members must sign below. If the client is unable to provide written consent but does provide verbal consent, then details on when this consent was provided and the names of two staff members it was provided to, must be recorded below.

Client name:	Sign:	Date:
Staff member 1 name:	Sign:	Date:
Job Title:		
Staff member 2 name:	Sign:	Date:
Job Title		