

Embark Consent Agreement

Embark asks for your consent to gather and share relevant information for the purposes of supporting you to access the NDIS and other related services, and for quality assurance purposes.

The information requested in this form may include personal information under the Privacy Act 1998 and/or health information under the Health Records Information Privacy Act 2002. Embark will store and use your information in line with our Privacy Policy. For a copy of this Policy please ask someone from the Embark team.

Providing information is voluntary. However, if you choose not to provide information, this may impact the support and services which can be delivered by Embark.

You have a right to access your records and be supported to view your personal files. You can request a member of the Embark team to access your files and a time will be arranged to view your information and answer any questions.

If you have an issue with how your information has been used you can make a complaint. Please speak to someone from the Embark team about how to do this, or visit ICLA's website for a copy of our Feedback and Complaints Policy and to submit a complaint: www.icla.org.au

You can also make a complaint by sending an email to Feedback@icla.org.au or by calling [9281 3338](tel:92813338).

Please visit the Embark website for more information or to contact us: www.embark.icla.org.au

Agreement and Consent

Embark will collect and store personal information you provide to us in order to support you to access the NDIS and/or NDIS services.

This information may include:

- Personal information such as your name, contact details, date of birth, gender, sexuality, and your circumstances.
- Health information such as information about your physical and mental health, including disability, symptoms, diagnosis and treatment.
- Contact details of your support network and health providers.

All personal and health information is stored securely by Embark and can only be directly accessed by our staff or shared with people where you provide consent below.

I give consent for Embark to share my information and contact other people, Service Providers and Organisations on my behalf for the purpose of supporting my NDIS application and accessing NDIS supports.

I give consent for Embark to use my information for educational or promotional purposes, such as Case Studies.

I give consent for Embark to use my photograph or video image for educational or

promotional purposes (i.e. on our website or in print or online publications).

I give consent for Embark to receive information held about me by the following local health districts

- Sydney Local Health District (SLHD)
- South Eastern Sydney Local Health District (SESLHD)
- St Vincent’s Health Network
- South Western Sydney Local Health District (SWSLHD)
- Western Sydney Local Health District (WSLHD)
- Northern Sydney Local Health District (NSLHD)

Embark respects your privacy and understands that there may be people or organisations that you do not want Embark to share your information with.

I have restrictions around the organisations / people with whom Embark can share my information.

Organisation / Person	Details of restriction / non-consent		
Your Name:			
Your Signature:		Date:	
Embark Staff Name:			
Embark Staff Signature:		Date:	