



Attachment 3 Student Health Services Consent Form

The purpose of this form is to provide you as a parent or carer of the student named below (**Student**) with information to decide whether they receive the health services (**Services**) provided by Day by Day Counselling (delivered by their employees, agents or contractors) (**Service Provider**) and to consent to the use of your personal and health information through those Services.

Please read each part of this form carefully. If you do not understand any part of this form or wish to seek clarification, please speak to Llewela Humphries. For more information about the Services, please email: llewela.humphries@education.vic.gov.au or telephone: 0428 959 358.

Privacy Protection

Upwey South Primary School (**School**) values the privacy of every individual and is committed to protecting all personal information we collect. In Victoria, the primary law that outlines privacy requirements is the *Privacy and Data Protection Act 2014 (VIC)* and *Health Records Act 2001 (Vic)*. This law sets out what we must do when we collect, use, disclose and store personal and health information. Under those Acts:

- **Personal information** is “information or an opinion (including information or an opinion which is on a database), whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained from the information or opinion”.
- **Health information** is “information or an opinion about:
 - the physical, mental or psychological health of an individual
 - the disability of an individual
 - an individual’s expressed wishes about the provision of services to him or her, which is also personal information”.

To view the School’s privacy policy go to: [Schools' privacy policy](#)

Collection, use, disclosure and storage of personal and health information

The School will be collecting the personal and health information from the Student to enable the School to make a referral and appointment with the Service provider. Accordingly we may provide the Service Provider with information such as:

- your name, address, contact details
- date of birth
- Medicare number

When the Student attends the Services the Service Provider may collect further personal or health information to enable them to deliver the Services, these may include:

- medical information
- other material required to conduct appropriate tests
- test results, School reports and other information generated by the School
- physical, mental or psychological health information about you
- details about any disability you may have
- express wishes about the future provision of health services, from the Student or you
- health services that have been provided, or to be provided
- genetic information about you or the Student which is or could be predictive of health of you or the Student
- any information necessary for the provision of other required services

The Service Provider may use and disclose the Student’s personal and health information at their discretion. Such disclosures may be made to staff members of the School under the following circumstances:

- where the disclosure is required, authorised, or permitted by law (i.e. where the School needs to know the information in order to discharge their duty of care to the Student or where it is necessary to make reasonable adjustments under anti-discrimination law) and
- where the Service Provider believes that the disclosure is necessary to lessen or prevent a serious threat to an individual’s life or to public safety.

There will also be circumstances where the medical practitioner may disclose the Student’s personal and health information to you.

To view the Service Provider's privacy policy go to <https://daybydaycounselling.com.au/>

Accuracy, access to records and withdrawal of consent

The School will endeavour to ensure that any personal or health information held about the Students is up to date and accurate. You can access, correct and withdraw personal or health information by the School by written request on privacy.enquiries@edumail.vic.gov.au in accordance with the Department of Education and Training's Information Privacy Policy located at:

<http://www.education.vic.gov.au/Pages/privacypolicy.aspx> or in accordance with the *Freedom of Information Act 1982*.

You may also request access to your personal and health information or request for your consent to be withdrawn by writing to Assistant Principal via llewela.humphries@education.vic.gov.au.

Withdrawing consent means that the Services provided by the Service Provider will cease and your personal and health information will not continue to be used by the Service Provider. If you withdraw your consent or the provision of the Services ceases, the Service Provider will return to the School all records containing the Student's personal and health information subject to copies of those records being retained by Service Provider to satisfy their professional and legal responsibilities. Withdrawal of your consent may not, however, prevent how the School is required by law to use, disclose and store those records.

Your Authority and Consent

I the undersigned:

- understand and agree that the School will be required to provide the Service Provider with personal and health information about the Student
- have received and read this Student Health Services Consent Form
- acknowledge the purposes of the collection, and consent to the use, disclosure and storage of personal and health information stated above and confirm that consent for the use, and disclosure and storage of the personal and health information may be withdrawn at any time
- authorise the use and disclosure of the Student's personal and health information as identified above
- understand that I may withdraw my consent for the provision so Services to the Student at any time, but that the withdrawal of this consent may not prevent how the School is required by law to use, disclose and store those records.

Name of Student	
Date	___ / ___ / _____
Reason for requesting Counselling?	
Name of Person providing consent	
Relationship to Student	
Signature of Person providing consent	
Date	___ / ___ / _____