

Consent to Access ACTS

Client Name: _____
Primary Clinician Name: _____
ACTS Clinician/s: _____

<p><i>Office Use Only</i></p> <p>Copies to: <input type="checkbox"/> Client <input type="checkbox"/> Novita client file</p>

I/we acknowledge that I/we agree to receive services from ACTS (Access and Communication Technology Service). In doing, so I understand and agree to the following:

- ACTS will work consultatively with my primary clinician (ie speech pathologist or occupational therapist who is supporting me/us in this process) to prescribe DCSI eligible equipment.
- Member/s of the ACTS Team may maintain and access recorded information about me/us that is relevant to the services provided. This information is kept confidential and secure.
- The purchase, distribution, collection and tracking of equipment is managed by the Domiciliary Equipment Service (DES). Relevant information about equipment trials/prescription may be provided to DES by ACTS.
- Member/s of the ACTS Team may provide written or verbal information to other professionals (e.g. equipment suppliers, school staff) in relation to ACTS services.

If you have questions or concerns regarding the above information please discuss with your primary clinician or contact ACTS on 08 8243 8261 or email ACTS@novita.org.au

Client or Legal
Guardian Signature: _____ Date: _____

Primary Clinician
Signature: _____ Date: _____