ICONIC CARE PTY LTD

Participant Information & Consent form.

ICONIC CARE

NDIS Provider No.4-G11MS95
Ph: 02 4604 8282, 0415 532 468
www.iconiccare.com.au

Child Details					
Title		Given Name		Family Name	
Date of Birth				Gender	
Home Address					
Name & Address of School/Child Care					
Medicare Number				Ref. No	
Name on Medicare				Expiry Date	
Health Card Number				Expiry Date	

Participant Type	NDA Managed	Plan Managed	Private	GP Plan
NDIS No		Plan Start Date		Plan End Date
GP Name, Contact #				
GP's Address				

Parent/Guardian Details			
Full Name		Relation	
Email Address		Phone No	
Home Address			

Emergency Contact Details			
Full Name		Relation	
Email Address		Phone No	
Home Address			

Privacy Information/Consent (Please read carefully before you sign)

- I understand that Iconic Care Pty Ltd complies with the Privacy Act (2001) and as the part of their Privacy Policy, they are committed for protecting the privacy of individuals and their personal information provided via this form or any other way. The purpose of collecting my personal information is to provide quality medical and health related services and account related keeping.
- I understand I have the right to request access to my information expect where access would be denied, and that the Iconic Care Pty Ltd makes every effort to manage my information in-accordance with the National Privacy Principles and keep my records up-to date and accurate.
- I understand that I may withdraw my consent (except when legal obligation must be met)
- My Signature below indicates that I have read and given consent to Iconic Care to:
  1. collect, use, storage and disposal of my personal information, and
  2. to release of relevant personal information or images to other related health professionals (e.g., specialists etc), and
  3. photographs of wounds (if any), and
  4. receive correspondence via email and SMS is un-encrypted

Name	
Signature		Date	

Email this form at info@iconicare.com.au