

Client Consent Form

In accordance with the Privacy Act and policies of Meals on Wheels we are seeking your consent to release information for specific purposes, all information will remain confidential unless required to be disclosed. The departments within Queensland Government and the Commonwealth Government which partly subsidise our Meals on Wheels service are required to collect some client details for assessment and reporting purposes. This will improve their system of allocating funding into Community Groups. The information to be shared with Government has been marked with an *

Do you consent to Meals on Wheels disclosing your personal information to Government Departments for assessment and reporting purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you consent to Meals on Wheels disclosing your personal information to Government Departments for survey purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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We also seek your permission to release information we hold to your nominated relatives/advocate, doctor/nurse or paramedic should any emergency arise during our visits.

Do you consent to Meals on Wheels disclosing your personal information to your nominated relatives, doctor/nurse or paramedic should any emergency arise as determined by Meals on Wheels administrative staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I consent to receiving meals and acknowledge that I am liable for payment of such at the prescribed fees as set by Meals on Wheels. Should any of the details above change I will inform Meals on Wheels in a timely manner.

Client's signature:	Date
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Witness' signature:	Date
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