

### OFFICIAL: Sensitive

**Consent is when you agree to share your information or information relating to the person you are the decision-maker for. It gives the Lifetime Support Authority (LSA) permission to contact and share information with health professionals, organisations and other people.**

This is needed to determine scheme eligibility, to assess treatment, care and support needs and manage the LSA's business operations. The LSA won't use personal information for any other purpose or disclose information to any individuals or organisations, unless you provide consent, or we are required to by law.

Personal information is respected and protected. The LSA follows South Australian privacy laws, including the Information Privacy Principles Instruction (IPPs) and the *State Records Act 1997* (SA). You can ask to see information that the LSA holds through our Release of Information process (information regarding this process is on the LSA website).

Injured Person/Participant Name

Date of Birth

Date of Accident

Address

Postcode

I consent to the people or organisations listed sharing information and documents with the LSA (and vice versa). Information and documents may be needed to decide on my eligibility for the Lifetime Support Scheme, decide on the funding of treatment, care and support services, or to undertake other activities relating to the LSA's business operations.

- A person (including family members) you authorise to share the information and documents on your behalf;
- Medical and health service providers, emergency services and hospitals;
- Police Department;
- Service providers, e.g. a gardener, cleaner, attendant care worker, builder, etc.;
- Your employer, or prospective employer, to support your employment opportunities;
- An insurer providing Worker's Compensation, personal injury or motor vehicle insurance;
- A government department or agency (e.g. NDIA, CTP Insurance Regulator, Medicare, child protection agencies, etc.). If you, or the person you are a decision-maker for, lives interstate or overseas this may include comparable authorities in the relevant location;

- External agencies engaged by the LSA to assist in undertaking LSA business operations, including research and analysis;
- Staff within the LSA; and
- Any other person or organisation you authorise to share information.

Information and documents are those relating to the assessment of eligibility and the need for, or provision of, treatment, care and support services. This may include, but is not limited to:

- Any medical or specialist reports, needs assessments, clinical notes, medical records or other information;
- LSA case notes or other information;
- Information relating to pre-existing or subsequent conditions for the purpose of assessing eligibility and treatment, care and support needs, and manage the LSA's business operations; and
- Information regarding services funded by the LSA that were provided to family members or friends.

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**I authorise the following people or organisations to share information and documents with the LSA (or vice versa) on my behalf:**  
(Please use this section if you wish to authorise a family member, friend, lawyer or other person to share information and documents with the LSA (or vice versa) on your behalf. Please provide name, relationship, agency/company name, and contact details)

**I do not give consent to the LSA to speak with, obtain and/or share information and documents (or vice versa) with:**  
(Please use this section if you wish to restrict the LSA's access to information and documents. Please provide name, relationship, agency/company name, and contact details. Please note that restrictions may limit the LSA's ability to assess your eligibility or needs and may result in not being accepted into the Scheme or suspension from the Scheme)

I understand that this consent will remain in place until the LSA receives a written request from myself or my Decision Maker to revoke this consent.

Signature of Injured Person/Participant	Name	Date
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**IF THE APPLICANT/PARTICIPANT IS UNABLE TO SIGN THIS FORM DUE TO MEDICAL CONDITION, PLEASE COMPLETE THE FOLLOWING:**

Signature of person representing the Injured Person/Participant	Name	Date
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My relationship to Injured Person/Participant (e.g. parent (if person is under 18), Decision Maker or person responsible)

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## Information about this Consent Form

The Lifetime Support Authority (LSA) is authorised under section 48 of the *Motor Vehicle Accidents (Lifetime Support Scheme) Act 2013* (SA) to disclose or release information concerning the treatment, care and support needs of participants (including the expenses that are paid or payable by the LSA under the Lifetime Support Scheme (LSS) in relation to those needs) to such persons, and subject to such conditions, as the LSA thinks fit.

### Returning this form

Please complete and return this signed form within 14 days by email to [LSANotifications@sa.gov.au](mailto:LSANotifications@sa.gov.au) or by post to PO Box 1218, Adelaide, SA 5000.

### Getting access to your information

You can get a copy of this form or information we have collected about you by contacting the LSA.

### What happens if you don't sign this consent form?

This might mean that:

- we may be unable to decide if you can become a participant;
- decisions may be delayed while we seek further information;
- we may be unable to approve your plan and provide treatment, care and support funded through the LSA; and/or
- we may suspend your participation in the Lifetime Support Scheme.

### Sometimes information can be shared without permission

There must be a reason for sharing your information for example:

- If we are required by law to disclose the information regardless of consent or otherwise;
- it is unreasonable or impracticable to gain consent or consent has been refused; and
- without information being shared, it is anticipated a child, young person or adult will be at risk of serious harm, abuse or neglect, or pose a risk to their own or public health and safety.

### The LSA Privacy Principles

The way the LSA collects, uses and discloses personal health information is governed by SA privacy laws, including the Information Privacy Principles (IPPs) and the *State Records Act 1997* (SA).

### Who will the LSA share your information with?

The LSA may share personal and health information about you if required by law, where it is relevant to treatment, care and support, required for eligibility decisions or for LSA business operations. This may include:

- A person (including family members) you authorise to share the information and documents on your behalf;
- Medical and health service providers, emergency services and hospitals;
- Police Department;
- Service providers, e.g. a gardener, cleaner, attendant care worker, builder, etc.;
- Your employer, or prospective employer, to support your employment opportunities;
- An insurer providing Worker's Compensation, personal injury or motor vehicle insurance;
- A government department or agency (e.g. NDIA, CTP Insurance Regulator, Medicare, child protection agencies, etc.). If you, or the person you are a decision-maker for, lives interstate or overseas this may include comparable authorities in the relevant location;
- External agencies engaged by the LSA to assist in undertaking LSA business operations, including research and analysis;
- Staff within the LSA; and
- Any other person or organisation you authorise to share information.

### More information

**If you require information about our privacy policy, please call us on 1300 880 849 or email [LSANotifications@sa.gov.au](mailto:LSANotifications@sa.gov.au)**

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