

# Privacy and Information Collection



Autism  
Association of WESTERN AUSTRALIA



# Privacy and Information Collection

The Autism Association of Western Australia takes your privacy seriously. We respect your rights to privacy, and we recognise our obligations in protecting your confidentiality under the *Privacy Act 1988*. This document explains how we collect, manage, use and share your personal information in accordance to the *Privacy Act*.

## What information is collected?

We collect personal information that allows us to provide a service to you. This may include your:

- Name
- Address, email and telephone number
- Date of birth
- Centrelink Customer Reference Number
- Medicare number
- National Disability Insurance Scheme (NDIS) Participant Number or NDIS Plan
- Family, carer or legal guardian name, address and contact details
- Health and disability information (diagnostic reports, health information, medication profile, existing support plans and professional reports)
- Racial or ethnic origin
- Signature
- Financial details (bank account details and credit card details)
- Employment history
- Current and previous support and services from other government agencies
- Individual goals

Personal information also includes photographs and recorded information in visual or audio format. Your consent for use of these photos and videos will be received using our photo consent forms.

## What is sensitive information?

Some of your personal information is considered sensitive information in the *Privacy Act*. Sensitive information includes:

- your health and disability information; for example specialist and diagnostic reports, medication prescriptions, your health conditions and health plans.
- racial or ethnic origin, sexual orientation or practices.

According to the *Privacy Act*, there are additional requirements for collecting, using and sharing sensitive information.

We will only collect and use your sensitive information if it is necessary to provide a service to you.

We must have your permission to collect and share any of your sensitive information.

## How do we collect information?

We collect information through email and direct communication from the following sources. This includes information:

- you have provided to us when you apply for our services.
- provided to us by third parties about you such as your parents, carers, guardians, advocates, doctors, therapists and staff working with you.
- about you that we generate while providing services to you.
- you have provided to us when you participate in other activities organised by the Autism Association such as training and social events.

## How do we use and share your information?

Our primary purpose to use and share your personal information is to:

- determine if you are eligible for our services.
- plan the services we provide or intend to provide to you.
- deliver and manage the services and support we provide to you.
- allow exchange of information with any third parties who also provide support to you. For example, teachers, support coordinators, doctors, other professionals.
- assist with any calls or enquiries you make to us.
- communicate with you about services and events that may be of interest to you.

The type of information we may use and share includes health information and reports, medical reports, invoices for medical services, assessment and progress reports, support plans, guardianship orders, and rosters of care.

We may also use unidentified personal information to carry out analysis to assist in service development. By completing the consent form you are giving us your consent to share your information. We must have your consent to share your information with others. To provide consent, please complete the form on page 7.



## When do we share your information?

The Autism Association may be required to share personal and/or sensitive information about you to any of the following people:

- your teachers, doctors, therapists, medical practitioners, and other professionals (where requested by you or your authorised representatives).
- any person that you have given permission to be informed.

We will only share your personal information after you have given us permission to do so.

There are situations where we will need to share your information without your consent, including where:

- we are required by law or we believe that it is necessary to comply with the law, cooperate with law enforcement or other government agencies (NDIS, NDIS Quality and Safeguards Commission and Department of Human Services).
- we are required to comply with a legal process served on the Autism Association such as a court order.
- the release of information will prevent or lessen a serious and immediate threat to somebody's life or health.
- it is required by government and other agencies that fund us to provide services to you for example the National Disability Insurance Agency, the NDIS Quality and Safeguards Commission, Department of Communities, Department of Social Services, etc.

We are obliged to report to government and other agencies on the services they fund us to provide. These reports include your demographic and service information only. Your personal information will not be included in these reports.

## How do we keep your information safe and confidential?

The Autism Association takes all reasonable steps to protect all personal information from misuse, loss or from unauthorised access.

Your information is stored on secure servers in digital format or in locked storage if in hardcopy. Sometimes the Autism Association may need to store electronic information outside Australia. If we do this, we will take reasonable care to ensure overseas agencies protect your information in a secure way.

Autism Association staff will retain all confidential information in the strictest confidence. This information will only be accessed and used by staff who are authorised to do so.

Autism Association staff are required to sign a *Privacy and Confidentiality Agreement* and they must follow the Australian Privacy Principles when handling your personal information. Only those who are involved in providing a service to you will be given permission to access your information.

The Autism Association provides training to our staff on protecting privacy.

We also follow government legislations to retain your information and records after you exit our services.

## How do you access your information held by us?

The *Privacy Act* gives you the right to access and correct your personal information held by us. We will handle requests for access to personal information in accordance with the *Privacy Act*. If we cannot give you access, we will explain why.

If you would like to access or update your information, please contact the Autism Association's Privacy Officer at [privacy@autism.org.au](mailto:privacy@autism.org.au).

If you have any concerns about the way we manage and use personal and sensitive information, please contact our Privacy Officer. You can also discuss your concerns with the Office of the Australian Information Commissioner (OAIC).

### Contact details:

Privacy Officer | Autism Association of WA

Phone number: (08) 9489 8900

Email: [privacy@autism.org.au](mailto:privacy@autism.org.au)

Office of the Australian Information Commissioner (OAIC)

Phone number: 1300 363 992

Email: [enquiries@oaic.gov.au](mailto:enquiries@oaic.gov.au)

This information can be translated to different languages or produced in different formats such as Easy English and child-friendly versions upon request.

# Privacy Consent Form

## 1. Collection of Personal Information

Individual's name: \_\_\_\_\_

Individual's address: \_\_\_\_\_

Name of individual's representative: \_\_\_\_\_

Relationship to the individual: \_\_\_\_\_

Parent       Legal Guardian       Carer/relative       Other

I, hereby give consent for the Autism Association of Western Australia to collect, use and disclose my personal and sensitive information for the purposes of determining eligibility and providing services to me, as governed by the *Privacy Act 1988*.

I/we confirm the following:

- I/we have received and understood the Privacy and Information Collection Information booklet.
- I/we understand how personal and sensitive information will be collected, used, disclosed and managed.
- I/we acknowledge that if consent is not provided, the Autism Association may not provide a service.
- I/we acknowledge that some or all of my personal information is required to be disclosed to government departments that fund the services being provided.
- I/we acknowledge that the Autism Association may be required to release personal and sensitive information in specific circumstances outlined under '*When do we share your information*' within the Privacy and Information Collection booklet.
- I/we understand and acknowledge that the consent provided is valid whilst I am receiving services from the Autism Association and will end when I no longer receive services from the Autism Association.
- I/we acknowledge that I have the opportunity to review and renew my consent annually.
- I/we understand that I may withdraw consent at any time by contacting the Autism Association's Privacy Officer at [privacy@autism.org.au](mailto:privacy@autism.org.au) or by calling (08) 9489 8900.

## 2. Acknowledgement and Consent to Share Personal Information

### Consent to share personal and sensitive information to external organisations.

I, ( name \_\_\_\_\_ ) hereby give consent for the Autism Association of WA to share ( individual's name \_\_\_\_\_ ) personal information to the external organisations listed below for the purposes of providing services, as identified in this booklet and governed by the *Privacy Act 1988*.

Please tick the professionals/organisations you consent for your information to be shared with.

- |  |  |
|--|--|
| <input type="checkbox"/> General Practitioner (GP) | <input type="checkbox"/> External therapy providers                                  |
| <input type="checkbox"/> Medical specialists       | <input type="checkbox"/> Workplace/employment provider                               |
| <input type="checkbox"/> Private health insurer    | <input type="checkbox"/> National Disability Insurance Agency<br>(e.g. NDIS Planner) |
| <input type="checkbox"/> Medicare                  |  |
| <input type="checkbox"/> Centrelink                | Other service providers: (please specify)  |
| <input type="checkbox"/> Support Coordinator       | <div style="border: 1px solid black; height: 30px; width: 100%;"></div>              |
| <input type="checkbox"/> School/education provider |  |

## 3. Consent

### Written

Signature of person providing consent: \_\_\_\_\_ Date: \_\_\_\_\_

### Verbal

- I have read this form and completed section 1, 2 and 3 with the individual/guardian and they have provided verbal consent.

Consent received by: \_\_\_\_\_ Date: \_\_\_\_\_  
(employee name and position)

Name of person providing consent: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STAFF USE ONLY

This consent is required to be obtained annually and saved to the individual's records upon completion.



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