

CONSENT TO SHARE INFORMATION FORM

Use this form if you want to give your consent:

- for Ostomy Tasmania (OTI) to share your personal information, including your Stoma Appliance Scheme participation with a person or organisation of your choice
- to allow another person or organisation to act on your behalf when dealing with OTI.

Consent can be given by an OTI member, a responsible person* for an OTI Member or a person who is already registered with OTI as an authorised person for the OTI member.

You can **withdraw** your consent at any time. You can let us know by mail, email, in person or over the phone that you no longer consent to us sharing information on your behalf.

How do I return this form to Ostomy Tasmania Inc?

There are a few ways you can return this form to us:

- **Email:** admin@ostomytas.com.au
- **Mail:** Ostomy Tasmania Inc, P.O. Box280, MOONAH Tas 7009
- **In person:** Amenities Building, St Johns Park, NEW TOWN Tas 7008

Part A: Your details

Your Full Name	
Please Indicate	<input type="checkbox"/> I am the Ostomy Tasmania member, or <input type="checkbox"/> I am a responsible person* acting on behalf of an Ostomy Tasmania member <div style="text-align: center;">_____</div> <div style="text-align: center;">(insert member's full name)</div> <small>* A Responsible Person can be a parent, a child or sibling who is at least 18 years old; a spouse or defacto partner; a relative who is at least 18 years old and a member of the applicants household; a legally appointed guardian; an enduring power of attorney; or a person with whom the applicant has an intimate personal relationship.</small>
Stoma Appliance Scheme ID No.	
Contact Phone Number	
Contact Email	

Part B: The details of the individual/s or organisation/s to whom you are giving consent

Individual or Organisation 1	
Full Name	
Organisation (if applicable)	
Telephone	
Email	
Signature*	

Individual or Organisation 2	
Full Name	
Organisation (if applicable)	
Telephone	
Email	
Signature*	

** for organisation/s – authorised person/s to sign*

Part C: Declaration

I confirm that:

- I am providing consent for Ostomy Tasmania to:
 - share my personal information (date of birth, address, email, phone number) and details about my participation in the Stoma Appliance Scheme with the individual/s or representative/s of the organisation/s named above; and
 - accept changes to my personal details (including my communication preferences) from the individual/s or representative/s of the organisation/s named above; and
 - accept Stoma Appliance Scheme orders on my behalf from the individual/s or representative/s of the organisation/s named above
- My consent is ongoing until withdrawn, and I understand that I can withdraw this consent at any time by contacting Ostomy Tasmania by telephone on 03 6228 0799 or by email to admin@ostomytas.com.au.
- I understand I can get further information about how Ostomy Tasmania handles my personal information from the Privacy Notice or Privacy Policy on the Ostomy Tasmania website.

Signature:		Date:	____/____/____
Name:			