

## Updating our information, permissions and privacy for 2025

Many thanks for taking the time to look through and complete the information and permission below.

### Information about privacy

It is extremely important to us that we protect your privacy and do not share any information about you or your child without your permission. However, there are times when sharing information can be important, and we would appreciate it if you could read the information below so you can understand and give us permission to share information.

**Sharing information with other health professionals-** As part of the assessment and therapy for you or your child, it may help the speech pathologist to talk to and share information with other professionals involved in their care (e.g., teacher, principal, GP, OT, paediatrician). We will only share information with the people you give permission for on this form. We will only ever share information that would be considered beneficial for the care of yourself or your child. If you change your mind at any time, just let us know, and we will update the form.

**E-mailing reports, session notes, homework and invoices-** It is usual to e-mail information between health providers and to you. Although it is unlikely, there is always a risk that the e-mail is not secure and someone else may get access to this information. Please indicate below if you would prefer us to communicate only by phone /post/in person or if you would like a document to be password protected.

**We would very much appreciate it if you could update the information on the next page and e-mail it back to us at [vickersteamcare@gmail.com](mailto:vickersteamcare@gmail.com). ATTENTION GILL.**

**Information Sheet for 2025**

Thank you so much for updating the information below

<b>Name of Child:</b>	<b>Phone:</b> <b>Medicare number:</b> <b>Address:</b>
<b>Next of kin:</b> (Name, relationship, phone and e-mail)	<b>Name of School/preschool:</b>  <b>School year</b> <b>Details of teachers or best contact person at school</b>
<b>Names and details of any Health professionals involved in your/your child's care including your usual GP</b>	
<b>Funding type:</b> NDIS, EPC, PRIVATE	<b>For NDIS patients Service agreement signed on Date:</b>
<b>Additional information.</b> (Include any instructions for us about the sharing of information or any other information that you would like us always to be aware of)	

I have reviewed and agree to the privacy policy and fees schedule.

I am happy for Vickers TeamCare to share information with the teachers and health professionals that I have indicated on the form above.

I am happy for reports, session note, homework and invoices to be e-mailed unless I have indicated otherwise.

\_\_\_\_\_  
Name of client or Representative

\_\_\_\_\_  
Date