



Australian Government

Department of Families, Housing, Community Services and Indigenous Affairs

Client Consent Information

You are required to read this document to the child's family, carer, or guardian and to ensure that they understand their rights and responsibilities regarding the collection of personal information for the purposes of accessing early intervention services under the Helping Children with Autism package before signing the Client Consent on the next page.

Why is information collected?

Information about you and your child is collected to make sure that the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) is able to give you and your child the service you need.

FaHCSIA gives service providers money to help people with disability. The more FaHCSIA can learn about what your service provider does, and what it is you need, the better chance there is that you will get the right type of help.

What information is collected?

The information listed below is collected from you by your service provider. By signing this form you are giving permission for your service provider to give this information to FaHCSIA.

- Your child's name;
- Your child's date of birth, sex, address, and if you are an Australian citizen or permanent resident;
- Your child's Centrelink Customer Reference Number (CRN); and
- Your contact information, address, phone number and email address.

You can ask your service provider to give you a written copy of the information that they have shared with FaHCSIA.

Protection of information

Your service provider is obliged to observe strict privacy rules called Information Privacy Principles which are contained in the *Privacy Act 1988*. This means that they must:

- Tell you why they need to collect your information (i.e. to assess your eligibility for funding);

- Tell you what they do with your information and who they will give it to (e.g. FaHCSIA and any other parties FaHCSIA chooses);
- Store the information securely;
- Only use the information for the purposes they obtained it; and
- Only pass your information on when the law allows, when you have consented and when you have been advised of the other parties to whom your information may be given.

The information that is forwarded to FaHCSIA is stored in a secure manner and only a limited number of FaHCSIA staff have access to your personal information.

FaHCSIA sometimes provides information about people who are accessing Australian Government funded services to other government departments and researchers. When this happens, only limited information is made available and FaHCSIA removes all details that could identify you, e.g. your name. This is so no one will be able to identify the information as belonging to you.

The other government departments and researchers who are given access to your personal information must also observe the Information Privacy Principles when handling the information. The Federal Privacy Commissioner can investigate allegations of improper collection, use and disclosure of personal information by government departments.

Helping Children with Autism Package

Under the increased access to early intervention component of the package, payments are made (in arrears) on your behalf for services you received under the package. The payment will be made to the service provider on your behalf when they submit a claim for payment (pending the balance of available funding for your child).



Australian Government

Department of Families, Housing, Community Services and Indigenous Affairs

Claims for Payment

A service provider may submit a claim to FaHCSIA for payment of some or all of the associated costs of services provided to you or purchased for you up to \$6,000 in a single financial year and a total of \$12,000. An Autism Advisor may submit a claim on your behalf for a one off payment of \$2,000 if you live in an outer regional or remote location.

The following terms apply to the submission of claims for payment of your funding:

- FaHCSIA will make payments on your behalf (in arrears) up to a maximum value of \$12,000 with no more than \$6,000 paid in a single financial year;
- If your residential address is located in an outer regional or remote location as deemed eligible by FaHCSIA, using the Accessibility and Remoteness Index of Australia+ (ARIA+), you may be eligible to receive a one off payment of \$2,000 to assist you to access early intervention services. This payment can be claimed through an Autism Advisor;
- More than one organisation can receive payments from FaHCSIA for providing early intervention services to you;
- There are no yearly minimum spending limits for your \$6,000;
- The service must provide you with a copy of the invoice for services rendered and for which a claim will be submitted to FaHCSIA;
- Your consent will be required by the service provider for each individual claim for payment prior to the provider submitting a claim to FaHCSIA using the 'Client Consent to Claim Payment Form' provided;
- The service provider must submit a separate claim every time you receive an approved service;
- You are unable to claim for payment for an approved service where Medicare has subsidised all or part of the fee;
- If a private health fund rebate is available to the family the FaHCSIA contribution can be no

greater than the out of pocket expense. i.e. the amount claimed must be equal to or less than the amount charged for the service minus any third party contributions;

- You will be liable for any costs or fees incurred if you purchase or take delivery of any services when you have used all the funding available in that financial year, or you have used the full amount of \$12,000.
- FaHCSIA will not pay for cancelled or missed appointments. Payments for these appointments will be the responsibility of the family.
- FaHCSIA will provide you with a monthly Activity Statement detailing the payments we have made to service providers on your behalf.

Reimbursement Consent

By signing this form you understand the conditions listed and you provide your consent and authority to the service provider to submit a claim to FaHCSIA on your behalf.

You are also acknowledging that you are required to sign the 'Client Consent to Claim Payment Form' and the 'Service Delivery Record' each time you have received an early intervention service.

You will receive a monthly Activity Statement detailing the amounts that have been claimed during the previous month from FaHCSIA on your behalf. The amount which you authorise the service provider to claim should be the same as what appears on your monthly Activity Statement. If you do not receive any services during the month, you will not receive a monthly Activity Statement.

If there is a discrepancy with any detail contained in the monthly Activity Statement related to claims made on your behalf, please contact the service provider who submitted that claim. If families, carers or providers are dissatisfied after speaking to the service provider, complaints can be lodged by telephoning FaHCSIA on 1300 653 227.

The parent/carer may keep this page for their information.



Australian Government

Department of Families, Housing, Community Services and Indigenous Affairs

Client Consent Form

Client Consent for Collection of Personal Information

The personal information you are asked to provide is collected to determine your child's eligibility to receive funding under the Helping Children with Autism package. The service provider is required to pass this information to FaHCSIA and/or to another organisation as directed by the Australian Government.

I (name of parent,
carer, or guardian)

Of (address)

hereby give consent for the service provider to disclose, as required, my personal information to FaHCSIA or any other organisation directed by the Australian Government. I acknowledge that the disclosure of some or all of my information to the Australian Government will occur for the purpose of assisting the Australian Government to manage its responsibilities.

Parent, Carer or Guardian signature

Compliance with Information Privacy Principle 2

I (name of
Authorised Officer)

Of (outlet name)

(Agreement Schedule ID)

have read and explained to the child's parent, carer or guardian. I believe they understand that:

- the personal information they are asked to provide is collected for the purpose of determining access to and delivery of funding under the Helping Children with Autism Package; and
- this service outlet is required, to pass some or all of this information to FaHCSIA and/or to another organisation as directed by the Australian Government.

Outlet's signature
(Authorised officer)

Client Consent for FaHCSIA

I consent to FaHCSIA contacting me as part of the evaluation of the Helping Children with Autism package.

Please tick ✓ one box.

Yes:

No:

Parent, Carer or Guardian signature



Australian Government

Department of Families, Housing, Community Services and Indigenous Affairs

Client Consent to Claim Payment Form

By signing this form you are acknowledging that you understand the conditions of funding and that you have authorised a service provider to submit a claim to FaHCSIA on your behalf for an early intervention service you have received.

I (parent, carer, or guardian)

Of (address)

hereby authorise the service provider to submit a claim for reimbursement to FaHCSIA with the following details:

Name of Child

Type of Service

Parent, Carer, Guardian signature

Service Provider Declaration

I (name of Authorised Officer)

Of (outlet name)

(Agreement Schedule ID)

have explained to the child's parent, carer, or guardian:

- the conditions under which a claim may be submitted to FaHCSIA on behalf of the child for early intervention funding and their liabilities where no funding remains available for that child; and
- that FaHCSIA will provide a monthly Activity Statement detailing the payments FaHCSIA have made to service providers on behalf of the child. Any discrepancies between the amount authorised to be claimed and the amount that appears on the monthly Activity Statement should be addressed with this service provider/outlet.

Outlet's signature
(Authorised officer)

