



## Participant Consent Form – C11

I, \_\_\_\_\_ hereby acknowledge that Grow Support Inc. (GROW) has advised me of the following:

- GROW Privacy and Confidentiality Policy
- my right to access personal information
- my right to withdraw my consent at any time.

I am aware of, and understand that GROW may need to collect and disclose personal information to third parties (as required) in order to provide an improved level of care.

I nominate that my personal information be disclosed only to the persons or agencies listed below:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I understand that GROW must comply with relevant privacy laws and I will contact the organisation immediately if I feel that these laws have been breached.

Name of Participant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Operations Manager \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## **PARTICIPANT NON-CONSENT**

I do not give my consent for GROW to collect and disclose my personal information to any third parties.

Name of Client \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Operations Manager \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_