

CONSENT TO SHARE INFORMATION FORM

Use this form if you want to give your consent:

- for QSA 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 QSA

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

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

- **Email:** enquiries@qldstoma.asn.au
- **Mail:** QSA Ltd, PO Box 370 CHERMSIDE SOUTH QLD 4032
- **In person:** Unit 1/10 Valente Close, CHERMSIDE QLD 4032

Part A: Your details

Your Full Name	
Please Indicate	<input type="checkbox"/> I am the QSA member, or <input type="checkbox"/> I am a responsible person* acting on behalf of a QSA Member <div style="text-align: center;">_____</div> <div style="text-align: center;">(insert members 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>
QSA Member Number	
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)	
Phone	
Email	
Signature*	

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

** for organisation – authorised person to sign*

Part C: Declaration

I confirm that:

- I am providing consent for QSA 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 of the organisation/s named above; and
 - accept changes to my personal details (including my communication preferences) from the individual/s or representative of the organisation/s named above; and
 - accept Stoma Appliance Scheme orders on my behalf from the individual/s or representatives of the organisation/s named above
- My consent is ongoing until withdrawn, and that I understand that I can withdraw this consent at any time by contacting QSA by telephone on 07 3359 7570 or by email to enquiries@qldstoma.asn.au .
- I understand I can get further information about how QSA handles my personal information from the Privacy Notice or Privacy Policy on the QSA website.

Signature:		Date:	____ / ____ / ____
Name:			