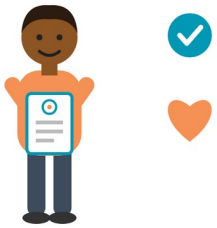
My Information and Consent

Easy Read: privacy and consent

This is an **Easy Read** document.
A support person can read it with you.
Words in **blue** are explained on the **Hard words** page.

About this document



This document is about your **information** and your **consent**.

We call ourselves **PPS**.

Your information

To support you, we need some information about you.

Like your name, address, phone number, NDIS plan, health needs and the support you need.

Why we need it

We use your information to plan and give you **safe support**.

We use it to claim payment for your supports from your NDIS plan.

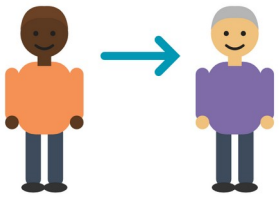
Keeping it safe

We keep your information safe on **secure** computer systems.

Only staff who need it can see it.

The law says we must keep records for **7 years**.

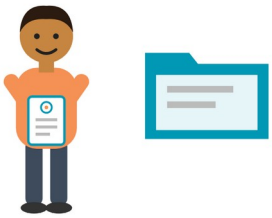
Sharing your information



We only share your information if you say **yes**.

We may have to share it without asking if someone is in **danger**, or if the **law** says we must.

Seeing your information



You can ask to see the information we have about you.

You can ask us to fix it if it is wrong.

Consent

Consent means you say yes.

You can say yes to some things and no to others.

You can **change your mind** at any time. Just tell us.

Photos and videos

We will **not** use your photo or video unless you say yes.

If you say no, your support stays the same.

If you are not happy

Call PPS on **0452 518 900** or email **admin@positivepathwaysservices.com**

You can also contact the **Office of the Australian Information Commissioner** on **1300 363 992**.

My consent form

Fill in this form with your worker, support coordinator or someone you trust.

My name

1. Sharing my information

I say yes to PPS sharing information about my supports with:

- ☐ My doctor or health workers
- ☐ My family or carer
- ☐ My support coordinator
- ☐ My plan manager
- ☐ Other providers who support me
- ☐ The NDIA, when needed for my NDIS plan

Names of people I agree to (for example my family member)

2. Photos and videos

- ☐ No. Do not use my photo or video.
- ☐ Yes, on brochures and posters
- ☐ Yes, on the PPS website
- ☐ Yes, on social media (Facebook, Instagram, LinkedIn)
- ☐ Yes, for staff training

3. How long

This consent lasts for **12 months**, or until I change my mind. PPS will check with me each year.

Sign

Date

If someone helps you or signs for you:

Their name and how they know you

Sign

Date

Hard words

Information	Facts about you, like your name, address and health needs.
Consent	Saying yes to something.
Privacy	Keeping your information safe and private.
Secure	Protected so other people cannot get in.
Plan manager	A person or company that pays your NDIS providers for you.
NDIA	The government agency that runs the NDIS.
Office of the Australian Information Commissioner	The government group you can complain to about privacy.

Document control

Version	Date	Endorsed by	Next review
2.0	21/10/2026	Sheillah Kerich, Director	10/2027

Based on policy CM.2.8 Privacy and Confidentiality and Privacy Statement PPS-PRIV-S01.