Consent form

I _____ (Full name)

Of _____(Residential Address)
consent to an Occupational Therapy Driving Assessment from Occupational Therapy Community Solutions and consent to the collection of personal information about me and to the services to be received.

I give my consent to Occupational Therapy Community Solutions collecting and sharing information relevant to the service being provided to me. This may also include verbal and written information about medical history including medication.

Key parties that Occupational Therapy Community Solutions may share and collect personal information with could include:

- General practitioner (GP) and/or Medical specialist
- Other health professionals
- Agencies such as ACC, MSD, DHB , New Zealand Transport Authority, Private Company
- Family or Whanau members (please specify):
  _____
- Other (please specify):
  _____

I understand that:

· Occupational Therapy Community Solutions complies with all relevant privacy laws, including the Privacy Act 1993 and the Privacy Principles that set out how Occupational Therapy Community Solutions will collect, store, use, share and dispose of personal information.

· At any stage I am entitled to request access to, and correction of, personal information which has been collected and held by Occupational Therapy Community Solutions. I also understand that I can revoke my consent at any time by providing written notice to Occupational Therapy Community Solutions but also understand that this may impact on Occupational Therapy Community Solutions' ability to continue to deliver services.

I have read the information on page 2 of this document and understand the content of this document.

·Signed: _____ Date: _____

Further information in support of this consent form is in:

- Privacy Act 1993: www.legislation.govt.nz
- Health Information Privacy Code 1994: www.privacy.org.nz
- Code of Health & Disability Services Consumer Rights: www.hdc.org
- Medical aspects of Fitness to drive – a guide for health practitioner - https://www.nzta.govt.nz/resources/medical-aspects/

Prior to the assessment I received the following:

Consent form

Written quote stating the cost of the assessment

NZTA Fact Sheet 51 – OT Assessments Occupational Therapist and Driving

I have been made aware of the following:

This assessment is for Class 1 only, assessment for Class 2-5 will require a second on road assessment in a vehicle for the highest Class of license I require.

Clearance to drive on my Class 6 license is subject to my overall performance in my Class 1 assessment and the clinical judgment of the assessor on my safety

Unless specified my endorsements will remain in place for the highest Class of licence I am medically fit to drive.

Any change in licence status requires the assessor to advise NZTA in writing as health practitioners have two main legal obligations relating to fitness to drive under transport legislation. The law requires:

• Health practitioners to advise the Transport Agency (via the Chief Medical Adviser) of any individual who poses a danger to public safety by continuing to drive when advised not to (section 18 of the Land Transport Act 1998 – see section 1.4)

• Health practitioners to consider Medical aspects of fitness to drive when conducting a medical examination to determine if an individual is fit to drive.

I have the right to request a second opinion if I am not satisfied with the outcome of this assessment. This cost of this will be my responsibility. I have right to request that the information from this assessment be shared with the second opinion provider.

If I feel that the assessor did not meet professional standards, I have the right to lodge a complaint with the Occupational Therapy Board of New Zealand.

After the assessment I will be advised of the outcome of the assessment:

- Medically fit to drive
- Not medically fit to drive
- Medically fit to drive with the following restrictions
  Time

  Distance

  Speed

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