

Disclosure of Confidential Information Agreement.

For students who have a disability, mental health issue or long term medical condition

In accordance with the Disability Discrimination Act, 1992, the collection of personal information is required to establish your support needs if you have a disability, mental health issue or ongoing medical condition.

Personal information provided to Disability Liaison staff for the purposes of establishing your need for adjustments/ accommodations is confidential. It is not used or disclosed for other purposes without your written consent except: where there is a legal obligation to do so; there is a serious threat to your life, health, safety or welfare or that of another person; or in other circumstances permitted by privacy legislation.

In arranging supports for students with a disability, mental health issue or ongoing medical condition, relevant university staff members are informed of the adjustments/accommodations needed and may be informed of the nature of the disability. If you do not wish the nature of the disability, mental health issue or medical condition to be disclosed, please indicate this on the following page.

You may have the right to access the personal information that we hold about you, subject to any exceptions in relevant laws, by contacting us.

Further information about La Trobe University's Privacy Policy can be found at <http://www.latrobe.edu.au/privacy/>

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I understand that the Disability Liaison staff will need to communicate with other people regarding my disability/ mental health issue and/or medical condition and the adjustments/accommodations needed.

I give permission for the DLO to contact the following people:

Circle appropriate answer

Relevant University staff

YES / NO

Health Practitioners and other relevant professionals for the purpose of clarifying my need for special services or facilities, as per documentary evidence I have provided.

YES / NO

Agencies providing support services (eg. notetakers) with my name, contact details and services to be provided, where applicable.

YES / NO / N/A

Other as specified below

YES / NO

I request that the following issues **ARE NOT** discussed with the following university staff, Health Practitioners or other relevant professionals:

Other comments / special requests

Voluntary Permission

Please indicate your permission for us to contact you during your period of enrolment for the purpose of seeking participation in surveys and/or research.

I agree I do not agree

Name (print): _____

Signature: _____ Date: __/__/__

Disability Staff Contact Details:

Albury-Wodonga Campus

P (02) 6024 9628

E dlo.aw@latrobe.edu.au

Bendigo & Shepparton Campuses

P (03) 5444 7941

E equalitybendigo@latrobe.edu.au

Bundoora & City Campuses

P (03) 9479 2900

E equality@latrobe.edu.au

Mildura Campus

P (03) 5022 3629

E jnunn@sunitafe.edu.au