

PURPOSE OF FORM

This form sets out information about Griffith's Privacy Policy, and explains when and why we may be required to release personal information or may use non-identified data collected through our service.

PRIVACY

Griffith University is committed to protecting student and staff privacy as outlined in the University's Privacy Plan. When using our service, you may be asked to provide some personal information. This may be used to enable us to work more effectively with you as a client. Only authorised staff in Student Disability and Accessibility will have access to this information. We may also use de-identified and aggregated (statistical) data for the purposes of service evaluation, improvement, and reporting, or for publication/dissemination externally.

CONFIDENTIALITY

We maintain confidentiality with respect to our students. This means that we will not disclose anything confidential to anybody about our students unless **(limits to confidentiality)**:

- they expect us to do so and this is agreed at interview and/or indicated in the level of consent below; or
- they give us written permission to do so; or
- we are required by law to do so; or
- there are compelling reasons such as significant risk of harm to the client of other parties.

We retain any confidential documents for the required number of years after our last contact.

POSITIVE SERVICE INDICATOR

When you register with Student Disability and Accessibility a positive service indicator (PSI) "SDA" will be created on Peoplesoft, which certain administrative staff and course convenors have access to. No details of your disabilities / medical conditions will be included. This will not be reflected on your academic transcript.

LEVEL OF CONSENT

Please note that there may be reasonable adjustment or support requirements, which may require the release of information. **Please tick one** option only to indicate your level of consent:

I give permission for Student Disability and Accessibility staff to have full disclosure and release the *name of my condition, its impact on my studies, registration with Student Disability and Accessibility and required reasonable adjustments* to relevant staff at Griffith University (Full Disclosure)

I give permission for Student Disability and Accessibility staff to release *only the impact of my condition on my studies, registration with Student Disability and Accessibility and required reasonable adjustments* to relevant staff at Griffith University (Partial Disclosure)

ACKNOWLEDGEMENT AND CONSENT

I acknowledge that I have read the information above, the University Privacy Plan and / or I have had it fully explained to my satisfaction.

I acknowledge that Student Disability and Accessibility will use de-identified and aggregated (statistical) data for the purposes outlined above and release of information according to my level of consent.

I understand the limits to confidentiality. By accessing Student Disability and Accessibility I consent to the use/release of information as above.

Name: _____ Student ID: _____

Signed: _____ Date: _____

Please hand this form back to a Senior Disability Advisor or email to disability@griffith.edu.au.