

MASS 82 - Consent for Photograph/Video Form

This form is used by the applicant/carer or legal proxy to give photograph/video consent to assist with the application process

As part of the Medical Aids Subsidy Scheme (MASS) application process, clinical eligibility is determined by assessing information from the application form and photograph/video evidence of you using the requested aids and equipment e.g. powerdrive wheelchair. MASS will keep the application and photograph/video recording confidential and will only disclose your information with your consent, or if required or authorised by law.

1 ⁽¹⁾	(1) Insert full name of applicant / carer or legal proxy
of ⁽²⁾	(2) Insert applicant / carer or legal proxy's permanent residential address
on behalf of ⁽³⁾	(3) Insert full name of applicant
of ⁽⁴⁾	(4) Insert applicant's permanent residential address if different to above
Please tick as appropriate: <input type="checkbox"/> give consent <input type="checkbox"/> do not give consent ⁽⁵⁾	(5) Applicant is required to provide MASS with reasons, based on privacy, cultural, sex, race or religious concerns for their genuine objection to being filmed. The prescriber will be required to provide detailed confirmation of the client's eligibility in addition to the MASS 20 application form.
to ⁽⁶⁾	(6) Insert name of prescriber
of ⁽⁷⁾	(7) Insert name of service provider / agency / organisation and address

on behalf of MASS to record and submit in photograph/video and written format an assessment of the applicant's (please tick as appropriate):

- ability to independently drive and control a powered wheelchair and, where applicable, for comparison, a lightweight manual wheelchair, in the home environment. (see *MASS Statewide Prescriber Procedures Manual*)
- postural needs for customised seating or other aid
- requirements for lifting by hoist
- other special needs – requiring video or photograph. Please describe:

- other aids and equipment. Please describe:

Signature of Applicant / Carer / Legal Proxy:	Date:
Full name (please print):	DOB:

Post, Email OR Fax completed forms to a MASS Service Centre

Brisbane:
 Medical Aids Subsidy Scheme
 PO Box 281, Cannon Hill Qld 4170
 Telephone: 3136 3636 Fax: 3136 3500
 Email: MASS-Equipment@health.qld.gov.au
 Website: www.health.qld.gov.au/mass

Townsville:
 Medical Aids Subsidy Scheme
 PO Box 980, Hyde Park Qld 4812
 Telephone: 4433 8000 Fax: 4433 8001
 Email: MASS-Equipment-TSV@health.qld.gov.au
 Website: www.health.qld.gov.au/mass

