

## IAT'S CONSUMER HANDBOOK

1. Independent Advocacy in the Tropics Inc. (trading as Independent Advocacy Townsville) is an incorporated community organisation formed in 1989 to advocate for people with disability in the locality of Townsville and Thuringowa.
2. It is a non-profit organisation managed by a Management Committee comprised of both ordinary and associate members
3. IAT is funded by the Commonwealth Department of Families and Community Services and Queensland's Disability Services Queensland.

### 4. Services Provided

#### a) IAT provides the following:

- Advocacy for people with disability;
- Advocacy related support and information to people with disability, their families and friends;
- Information about advocacy and disability issues to the government, disability service providers, other community based organisations, and the private sector.

### 5. How do I obtain assistance?

- a) If you would like assistance or further information IAT, you can phone the office on (07) 4725 2505 or toll free 1800 887 688 (if outside Townsville area) from Monday to Thursday 9.00am to 5.00pm. A message can be left at the office at any time.
- b) An appointment can be arranged to meet with you (at a location of your choice) to discuss your issue. If IAT is not able to assist you, we will let you know the reasons why we cannot assist you, let you know of other available services, and assist you to access these services through arranging a referral if required.

### 6. On initial contact, what information should I receive from the advocate?

The IAT advocate should explain the following information to you. The advocate will ask you to sign a form to acknowledge you have received the information.

- You will be requested to sign a consent form for IAT to start advocating on your behalf. In the event that you are unable to provide consent, the form can be signed by a person who is your formal or informal guardian or decision maker.
- Who can access advocacy and for what reasons
- That you the right to be provided with information and support to access a person of your choice, who can act in your best interests, to assist you when entering or exiting IAT, and in developing advocacy strategies;

- You have the right to nominate an independent support person of your choice, who will act in your best interests, and within the guidelines of IAT's privacy and confidentiality policy, to assist you to access your information and help you to understand what we do with your information
- What information will be collected about you, and what we do with this information
- How you can be provided with this information in a way that is easy for you to understand and in various formats, and who can access this information
- How IAT works with you to develop an advocacy strategy to assist you to address your issues, and how this is recorded
- How and when your advocacy strategy will be reviewed;
- How you and your advocate can work together to meet your individual needs
- How we will uphold your choices and protect you and your best interests
- How you can raise a complaint or concern without this affecting how IAT works with you, and how we will try to solve the problem as quickly as possible;
- How you can participate in decision-making processes to assist IAT to improve;
- How you can be assisted to exercise your human rights.

The above information should be explained to every person requesting advocacy from IAT. The following form should be signed and kept in the person's advocacy file.

**INDEPENDENT ADVOCACY TOWNSVILLE**  
**CONSUMER INFORMATION CHECKLIST**

I have explained the following information to: .....

Date: .....

Signed by IAT advocate: .....

- Service User's requirement to sign a consent form authorising IAT to commence advocating and authorising a legal guardian or other relevant person to sign on their behalf should they not be able to do so;
- Eligibility criteria for entry to the service, and procedures for prioritising access;
- When requested or where IAT thinks it is in the best interest of the Service User the Service user has the right to access a support person of their choice to assist them when entering or exiting a service, and in developing personalised plans;
- The Service User's right to nominate an independent person to act on their behalf and within the guidelines of IAT's privacy and confidentiality policy to assist them in all matters relating to collection, storage and disposal and accessibility of personal information.
- How IAT can help the service user to access their information in various formats that meet their individual needs
- How the service works with people to develop an individual advocacy strategy to assist them to achieve their goals, and how information can be accessed;
- What support will be provided, how the support will be delivered, and how frequently the advocacy strategy will be reviewed, how advocacy strategies are developed to meet the individual's needs;
- What information and support can be offered to assist people to access an independent support person of their choice;
- Procedures for minimising risks to the person without unduly limiting their choices;
- Procedures for release of personal information to another party and the requirement for informed consent for release;
- What assistance can be provided for the development and maintenance of the person's skills;
- The processes for raising a complaint or concern without having fear of retributive action, and IAT's policies for resolving issues causing dissatisfaction in a fair and prompt manner;
- How the person can participate in decision-making processes to assist IAT to improve;
- How the person can be assisted to exercise his/her human rights.

The above information has been explained to me.

Signed by service user/support person: .....

Date: .....

7. What are my rights?

- a) You have a right to complain or express your concerns about IAT's advocacy without fear of losing the support or suffering any other recriminations (please see IAT's external complaints process);
- b) You have a right to have your complaints dealt with fairly and promptly;
- c) If you do not feel comfortable with the IAT Advocate who is assisting you, please inform the Advocate/Coordinator. A change of Advocate can be arranged if requested. There is no requirement for you to justify why you would like another advocate.
- d) You have a right to be informed about the advocacy provided on your behalf by IAT;
- e) \*You have a right not to be discriminated against because of your age, gender, race, culture, religion or disability and not to be harassed in any way;
- f) You have a right to participate in developing your advocacy plan;
- g) You have a right to privacy and confidentiality. You should expect that no information about you will be provided to anyone outside of IAT without your permission;
- h) You have a right to view any information about yourself, held by IAT.
- i) \*You have the right to be considered eligible for advocacy irrespective of your gender, race, culture, religion or disability.
- j) \*You have the right, when entering or exiting the advocacy process, to expect IAT to facilitate the process whilst recognizing and acknowledging the significance of your age, gender, race, culture, religion or disability.
- k) You have the right to be treated with respect and dignity at all times
- l) You have the right to have your human rights upheld and defended at all times

\* In accordance with the Anti-Discrimination Act 1991



INDEPENDENT ADVOCACY TOWNSVILLE  
CONSENT FORM FOR ADVOCACY

**This form should be signed by or on behalf of an individual who is, or has been, receiving advocacy from IAT. Any person signing on behalf of another individual must have the statutory authority to make decisions and sign documents on behalf of that individual.**

**Every individual in receipt of advocacy from IAT must have the details contained in this form explained to them prior to being asked to sign it. However, if this form is not signed at this point, please complete section on reverse of this page.**

I, ..... hereby consent to IAT collecting personal information about me only with respect to its role as an independent advocate. I also consent to my personal information being disclosed to the Commonwealth Department of Families and Community Services and Disability Services Queensland in their respective capacity as the funding bodies of IAT, and only as specified in their funding agreements with IAT.

Signature: .....  
(Consumer or authorised person)

Nature of Authority: .....

Date: ..... / ..... / .....



## Consent to Release of Information

I, ..... , give consent for .....to release information about myself as required to Independent Advocacy Townsville, in order to assist in advocacy actions. It is my understanding that Independent Advocacy Townsville will hold any such information in strict confidence.

Signature .....

Date.....