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**Queensland Government** Medical Aids Subsidy Scheme  
Queensland Health

**MASS 82**  
**Consent for Photograph / Video**  
**Daily Living and Mobility Aids**

(Affix identification label here)

Family name:

Given name(s):

Date of birth:

Gender:  M  F  I

This form is used to give photograph/video consent to assist with the MASS 20 application process. As part of the Medical Aids Subsidy Scheme (MASS) application process, clinical eligibility is determined by accessing information from the application form and photograph/video evidence of you using the requested aids and equipment e.g. powerdrive wheelchair. Medical Aids Subsidy Scheme (MASS) staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, except where required by law.

I <sup>(1)</sup>	(1) Inset full name of applicant/guardian or authorised decision-maker.,
Of <sup>(2)</sup>	(2) Inset applicant/guardian or authorised decision-makers permanent residential address
On behalf of <sup>(3)</sup>	(3) Inset full name of applicant
Of <sup>(4)</sup>	(4) Inset applicant's permanent residential address
Please tick as appropriate <input type="checkbox"/> give consent <input type="checkbox"/> do not give consent <sup>(5)</sup>	(5) Applicant is required to provide MASS with consent with reasons, based on privacy, cultural, sex, race or religious concerns for their genuine objection to being photographed or filmed. The prescriber will be required to provide detailed confirmation of the client's eligibility in addition to the application form.
Reason to not give consent (if applicable)	
To <sup>(6)</sup>	(6) Inset name of prescriber
Of <sup>(7)</sup>	(7) Inset name of the service provider / agency / organisation and address.

On behalf of MASS to record and submit in photograph/video and written format 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 General Guidelines).
- Postural needs for customised seating or other aid
- Requirements for lifting by hoist
- Other special needs - requiring photograph or video. Please describe:

- Other aids and equipment. Please describe:

Signature of Applicant/Guardian or authorised decision-maker on behalf of applicant	
Name of Applicant/Guardian or authorised decision-maker on behalf of applicant	Date
If authorised decision-maker, specify authority e.g. Enduring Power of Attorney	

**Email, Post OR Fax completed form to a MASS Service Centre**

Website: <a href="http://health.qld.gov.au/mass">health.qld.gov.au/mass</a>	<b>Brisbane:</b> PO Box 281, Cannon Hill Qld 4170 <a href="mailto:MASS-Equipment@health.qld.gov.au">MASS-Equipment@health.qld.gov.au</a> Fax: 07 3136 3525 Telephone: 07 3136 3524	<b>Townsville:</b> PO Box 980, Hyde Park Qld 4812 <a href="mailto:MASS-Equipment-TSV@health.qld.gov.au">MASS-Equipment-TSV@health.qld.gov.au</a> Fax: 07 4433 8001 Telephone: 07 4433 8000
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DO NOT WRITE IN THIS BINDING MARGIN

V 2.00 11/2020

