



MASS 82
Consent for Photograph / Video
Medical Grade Footwear and Orthoses

(Affix identification label here)

Family name:

Given name(s):

Date of birth:

Gender: M F I

This form is used to give photograph consent to assist with the MASS 60 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 photographs. 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 ⁽¹⁾	(1) Inset full name of applicant/guardian or authorised decision-maker.,
Of ⁽²⁾	(2) Inset applicant/guardian or authorised decision-makers permanent residential address
On behalf of ⁽³⁾	(3) Inset full name of applicant
Of ⁽⁴⁾	(4) Inset applicant's permanent residential address
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 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 ⁽⁶⁾	(6) Inset name of prescriber
Of ⁽⁷⁾	(7) Inset name of the service provider / agency / organisation and address.

On behalf of MASS to record and submit in photograph of the applicant's (please tick as appropriate):

Medical Grade Footwear
(foot showing the level of deformity present)
 Dorsal view, and
 Medial or Lateral view

Orthoses
(in situ to demonstrate fit)
 Anterior/Posterior, and
 Medial or Lateral view

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: health.qld.gov.au/mass

PO Box 281, Cannon Hill Qld 4170
Email: MASS-SpecialisedServices@health.qld.gov.au
Fax: 07 3220 6398
Telephone: 07 3136 3696

DO NOT WRITE IN THIS BINDING MARGIN

