

# Consent Form

## Privacy Collection Notice

Your personal information including your name, age, image and voice capture (**Personal Information**) will, with your consent:

(a) be captured by your treating dental practitioner or staff member at .....

.....  
(insert practice name and address) (**Dental Practice**) as an agent for, and on behalf of, the Australian Dental Association Inc (ABN 95 174 118 424) (**ADA**);. or alternatively

(b) provided by you to the ADA directly (either by you contacting the ADA or the ADA contacting you).

The ADA is the national peak body representing dental practitioners in Australia. The Personal Information you provide to your Dental Practice or directly to the ADA will, with your consent, be used by the ADA to promote the practice of dentistry and may be used to promote dental products and services. Not sure about products?

The ADA may use this Personal Information in various forms of communication (including for example website channels, media, editorial and opinion pieces, Enews and social media). The ADA may also provide your Personal Information to unrelated third parties such as media outlets. The ADA will not otherwise use or disclose your Personal Information, unless you have given consent, or the ADA is authorised or required to do so by law. The ADA Privacy Policy describes when this might occur. For more information about how the ADA handles your Personal Information, how you can request to access, correct or update the Personal Information the ADA holds about you, and who to contact if you have a privacy enquiry or complaint, please see the ADA Privacy Policy at [www.ada.org.au](http://www.ada.org.au).

You may elect not to provide your consent to any or all of the uses or disclosures of your Personal Information proposed in this form. In which case, your refusal (or partial refusal) will not affect the service you receive from the Dental Practice (if applicable).

## 1 Consent to use and disclosure of my Personal Information

(a) I understand that by providing this consent I am agreeing to allow the ADA to use my Personal Information which identifies or features me in the form of written and verbal content (including but not limited to testimonials and case studies), photographs, emails, video and/or sound recordings (collectively, **Materials**).

(b) Please select the option that applies to you:

I am:

a practitioner

<input type="checkbox"/>	a practice staff member
<input type="checkbox"/>	a patient
<input type="checkbox"/>	a parent or guardian responsible for a child, who is under the age of 18
<input type="checkbox"/>	other (please specify)

(c) I understand that the Materials have been:

- (i) provided to the ADA directly by me (either as a result of me contacting the ADA or the ADA contacting me); or
- (ii) provided to the Dental Practice directly by me and the Dental Practice are collecting the Materials on behalf of the ADA.

(d) I consent to the ADA using Materials for any one of the following purposes. My consent is indicated where I have marked the box below with a tick:

<input type="checkbox"/>	For use in training and other documents (including the promotion of dental products and services).
<input type="checkbox"/>	For the ADA to provide Materials to external media. This could include, for example, Materials being used in publications and articles written by journalists and distributed in newspapers, tv, radio, social media, magazines and online content with nationwide distribution.  I acknowledge that in providing this consent the Materials may be published by third parties (including my name and image) and I will not be given the opportunity to review the content before it is published.
<input type="checkbox"/>	For research purposes by the ADA.
<input type="checkbox"/>	Internal ADA communication activity.

(e) In providing this consent:

- (i) I authorise ADA to use and disclose the Materials in any manner and in its absolute discretion;
- (ii) I agree that the Materials may be used at any time in the future even if my circumstances change;

- (iii) I understand I am not entitled to any form of remuneration or other payment in respect to the use of the Materials by the ADA;
- (iv) I acknowledge and agree that the ADA will not use or distribute any Materials that are libellous, defamatory or malicious in content or nature and that the judgment of whether any Materials are libellous, defamatory or malicious is entirely at the discretion of the ADA. I understand that any use of the Materials by the ADA will be used in good faith and without any intention on behalf of the ADA to defame or offend me, the minor I am responsible for, any person in my care or the ADA;
- (v) I agree that:
  - (A) any Materials I have provided (either directly to the ADA or via the Dental Practice) are up to date, accurate and not misleading;
  - (B) the content of the Materials is not fraudulent, defamatory and does not infringe the intellectual property rights, confidentiality rights or privacy rights of any person; and
  - (C) I have all relevant licences, clearances, permissions and releases in writing in respect of any copyright material included in the Materials so that the ADA is free to use, copy, modify, adapt, disseminate and reproduce the Materials as it deems appropriate.
- (vi) I understand that once the Materials or any portion of the Materials are published, or broadcast or posted online including by third party media outlets (if applicable), the ADA will have no control over subsequent use or disclosure of the Materials and the ADA will not be liable to me or my successors in title to the Materials for the manner of use, distribution or syndication of the Materials; and
- (vii) I acknowledge that this consent is given freely and genuinely, and was not obtained under duress or after false or misleading statements.

**Consent for use of Materials as indicated above (please tick as appropriate)**

<input type="checkbox"/> <b>Consent from person featured in Materials who is 18 years of age and above</b>  I understand, acknowledge and agree to the above:  Full Name (please print):	<input type="checkbox"/> <b>Consent from parent/guardian/carer of person featured in Materials</b>  I, the parent or guardian or carer of , hereby give my consent to the
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	ADA to use, distribute and publish the Materials as outlined in this document.
Signature:	Signature of Parent/Guardian/Carer:
Date:	Date:
Contact Phone Number:	Contact Phone number:
Contact email address:	Contact email address:
Witness Name (please print):	Witness name (please print):
Witness Signature:	Witness signature:

**2 Deed of assignment of Copyright from creator of Content (if applicable)**

- (a) Provide a description of the content that is being provided including written content, photograph(s), video(s) or sound recording(s) (or confirm that they are attached):

.....  
.....

(collectively referred to as **Content**).

- (b) In this Deed **Moral Rights** means the right of integrity of authorship (that is, not to have a work subjected to derogatory treatment), the right of authorship of a work and the right not to have authorship of a work falsely attributed, as defined in the *Copyright Act 1968* (Cth).
- (c) I assign to the Australian Dental Association Inc (ABN 95 174 118 424) (**ADA**) my present and future copyright interests in the Content and acknowledge that this assignment is full, final and irrevocable. I agree to sign any other documents or do any other acts required to perfect the complete assignment of any present and future copyright interests that I may have in the Content.
- (d) I warrant that the ADA (and any assignee and/or licensee of the ADA) may reproduce the whole or any part of the Content and make adaptations to or alterations to any part of the Content without acknowledgement of the authorship or any part of it and may reproduce any adaptations or alterations to it without acknowledgement that the Content has been modified. For the avoidance of doubt, I understand that this may include (but not be limited to) for example the ADA modifying Content to fit a broadcast time slot or newspaper space limitation.
- (e) If the Creator is a body corporate (as defined in the *Corporations Act 2001* (Cth)), I warrant that the body corporate has obtained and will continue to obtain the written consents from the employee who is the author of the Content to all acts and omissions in respect of the ADA's possession and use of the Content that may otherwise constitute infringements of any Moral Rights of the author.
- (f) I further warrant that:
  - (i) the Content and all other content contained within the Content comply with all laws, standards and applicable legislative requirements;
  - (ii) there is no claim in litigated proceedings or as is otherwise made or asserted against me for the infringement of any third party intellectual property or other rights in the Content;
  - (iii) I am entitled as the owner of the intellectual property and other relevant legal rights in the Content to enter into the consent comprised by this instrument; and
  - (iv) I indemnify the ADA against any loss it suffers as a result of any of the above warranties being false at any time.

- (g) I hereby agree and acknowledge that I am not entitled and will not be entitled in the future, to any royalties, fees or other compensation in return for any of the Content or its use as contemplated by this deed, and will not seek any payment for use or exploitation of the Content in any circumstance.
- (h) I waive any right to inspect or approve the use of the Content by the ADA.
- (i) I acknowledge that the consent given by this deed is given freely and genuinely, and was not obtained under duress or after false or misleading statements.
- (j) If any part of this deed is invalid, unlawful or unenforceable, the invalid, unlawful or unenforceable part of this deed (and any parts of this deed which are dependent on those parts) will not apply but the other parts of this deed will not be affected.

**Executed as a deed**

Content creator's Full Name:
Signature:
Date:
Name of dental practice (if applicable):
Contact details (phone number or email):