

MASS 82 MGF/ORTHO - Consent for Photograph Form

As part of the Medical Aids Subsidy Scheme (MASS) application process, clinical eligibility is determined by assessing information from the application form and photographs. MASS will keep the application and photograph 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 60 MGF application form or MASS 60 ORTHO application form.
to ⁽⁶⁾	(6) Insert name of prescriber/supplier
of ⁽⁷⁾	(7) Insert name of 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 / Carer / Legal Proxy:	Date:
Full name (please print):	DOB:

Post OR Fax completed forms to MASS Service Centre

Brisbane:
 Medical Aids Subsidy Scheme
 PO Box 281 , Cannon Hill, Qld 4170
 Telephone: 3136 3696 Fax: 3220 6398
 Email: MASS-SpecialisedServices@health.qld.gov.au
 Website: www.health.qld.gov.au/mass

