

Document No.	3004B	<h1>Client Consent Form</h1>	
Revision No.	1.1		
Review Date	01 Oct 21		
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**Your Privacy is Important to us.**

To comply with the Privacy Act 1988, National Privacy Principles, Health Records and Information Privacy Act 2002 and all other relevant Government laws and regulations, we wish to provide you with sufficient information on how your personal health information may be used, or disclosed, and record your consent, or any restrictions to this consent.

***The following statement must be read to (or by) the client or their advocate prior to any discussion with other Health Professionals and an attempt made to ensure the client understands the content and has the opportunity to ask questions.***

To make sure you (the client) receive the best possible care, your health care provider may wish to discuss information about your referral with other professionals involved in your care, including your General Practitioner and agencies such as the Community Nurses and other organisations/individuals or family members who are involved in your health care. If you do not want us to do this, you will still receive the best service we can offer; however, we believe that we can provide you with a better service if we are able to discuss issues relating to your care with the other people involved in your health care. There may however be some circumstances (see below) where by law we are required to disclose personal and confidential information to others.

All NWRH services are confidential; however, disclosure is required in the following circumstances:

- If/when your medical records are subpoenaed by a court, or
- if failure to disclose the information would place you or another person at serious and imminent risk; or
- Your prior approval has been obtained to provide a written report to another professional or agency (e.g., a GP or a lawyer; or discuss the material with another person (e.g., a parent, family or employer); or
- If disclosure is otherwise required or authorised by law.

Your de-identified personal information is protected by law, including the Privacy Act, and is being collected by NWRH and reported to (based on the funding source):

- Western Queensland Primary Health Network (WQPHN),
- Northern Queensland Primary Health Network (NQPHN),
- Department of Social Services (My Aged Care),
- National Disability Insurance Agency,

for and on behalf of the Australian Government Department of Health - for the purposes of including information about you in the National Health Care Database, which is used for research, analysis and investigation into better health care administration and treatment. Your de-identified personal information may be used by the Australian Government Department of Health or may be given to other parties for research purposes, where you have agreed, or when it is required and authorised by law.

By signing below, you (as a client/patient/guardian) are consenting that your personal health information may be used or disclosed by NWRH, visiting Health Professionals, visiting Health Specialists, Allied Health Professionals, and other visiting Health Professionals for the following purposes:

- Follow up reminder/recall notices for treatment and preventive healthcare. Client may also be contacted by SMS on their mobile number with reminders and recalls or via family members.
- For accounting procedures and the collection of professional fees.
- Medicare (for billing purposes).
- The diagnosis and treatment of any health condition, including the communication of relevant information only, to practice staff, specialists and other healthcare providers (as listed above) to ensure quality care is provided.
- Accreditation and Quality Assurance activities conducted by professionally trained non-treating GP's and other professionally trained and qualified persons.
- For auditing your file/records to verify compliance with AS/NZS ISO 9001:2015, The Accreditation Standards, Home Care Common Standards, Human Services Quality Framework for maintenance of clinical notes/client charts and medical records keeping.
- For legal related disclosure, as required by a court of law.
- For the purposes of research and data collection only where your personal information is de-identified.
- To allow medical students and staff to participate in medical training/teaching using only de-identified information.
- For disease notification, as required by law.
- For use when seeking treatment by other Health Professionals.
- For uploading your information to your My Health Record, My Aged Care portal, PRODA, RHEALTH and rediCase (where relevant).

- In the state of Queensland, Psychologists are to report suspected child abuse or neglect. This can sometimes have significant effects on the young person and the families and person involved. We do not intend any additional distress, however we are required by law to report if we suspect child abuse or neglect.
- Where a prescribed entity or specialist domestic and family violence service makes a request for information under the Domestic and Family Violence Information Sharing Guidelines (May 2017).

Are there any people/organisations that you do not wish NWRH to talk to about your health care needs?

Please state:

**Participation in Group Sessions (where applicable)**

Whilst we ask that Group session participants respect the privacy and confidentiality of other participants when sharing information with others during Group sessions, NWRH has no control over what participants might say to other persons within the community outside the Group session. Accordingly, in signing below, I am acknowledging and accepting that my personal details will remain confidential except when I personally share them with other members of the Group.

**Telehealth**

I understand that I do not have to give information asked, but not doing so may limit the range of services available to me. I give consent for Telehealth Consultations and have been provided with the NWRH Telehealth Information brochure which I agree to read before participating in Telehealth consultations (tick here)

**Recording Consultations (Audio and Video)**

I consent to de-identified excerpts of consultations with NWRH Health Professionals for the purposes of professional development and forming educational materials. I understand any identifying information will be edited out of these recordings or from transcriptions of these recordings (tick here)

**Unable to attend Appointments**

If I have any difficulties accessing supports and services from NWRH, I will discuss this with NWRH. I understand that if I am unable to attend my scheduled and confirmed appointment, that I must give 2 business days' notice, or I may be charged fees associated with that service. If I miss several appointments without notifying NWRH, NWRH reserves the right to withdraw services from me.

I understand that if my information is to be used for any reason other than the above, I will be told why and given an opportunity to consent. If I agree, I understand that I have the right to say no, and that my decision will be accepted and respected.

I give my permission for my personal health information to be collected, used and disclosed as described including contact via SMS to my mobile phone number. I understand only my relevant personal health information will be provided to allow the above actions to be undertaken and I am free to withdraw, alter or restrict my consent at any time by notifying NWRH in writing.

**Client Name:** (Please Print) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IF CLIENT IS UNABLE TO GIVE CONSENT:**

Relationship to patient (eg, Mother, Father, Guardian): \_\_\_\_\_

**Consenter**  
 \_\_\_\_\_  
 Name Signature Date

**NWRH USE ONLY:**

**Witnessed by:**  
 \_\_\_\_\_  
 Staff Name Signature Date

Revision Date	Revision No.	Change	Responsible Position
06 April 2018	1.0	New form	Quality Manager
27 Jun 2019	1.1	Cancellation policy reviewed	Quality Manager