PARTICIPANT CONSENT FORM

Health Care 4 You will work closely with other agencies to coordinate the best support for you. This means your informed consent for the sharing of information will be sought and respected in all situations unless:

- ☐ we are obliged by law to disclose your information regardless of consent or otherwise
- ☐ it is unreasonable or impracticable to gain consent or consent has been refused; and
- ☐ the disclosure is reasonably necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people.

I, ... hereby acknowledge that Health Care 4 You has advised me of the following:

- ☐ Health Care 4You *Privacy and Confidentiality Policy and Procedure*;
- ☐ my right to access my personal information; and
- ☐ my right to withdraw my consent at any time.

- ☐ I understand that the following service(s) are recommended, and relevant information about me may be forwarded to the agency(s) that provide these services in order that I receive the best possible service:
- ☐ I understand that Health Care 4 You will collect, store and use the information collected.
- ☐ I understand that Health Care 4 You must comply with relevant privacy laws, and I will contact the organisation immediately if I feel that these laws have been breached.
- ☐ My worker has discussed with me, and I understand that Health Care 4 You may take Video/Voice recordings during the time my service is being provided.
- ☐ My worker has discussed with me how and why certain information about me may need to be provided to other service providers.
- ☐ I understand the recommendations and I give my permission for the information to be shared with the people or agencies as detailed above.
- ☐ Do you want the information to be shared with appropriate authorities such as health professionals, pharmacy, medical specialists etc.

_____	_____	_____
Name of Client or Authorised Representative	Signature	Date

_____	_____	_____
Name of Staff Member	Signature	Date

PARTICIPANT CONSENT FORM

Health Care 4 You

Staff use only

Verbal Consent

Verbal consent should only be used where it is not practicable to obtain written consent.

I have discussed the proposed referrals with the client or authorised representative and I am satisfied that they understand the proposed uses and disclosures and have provided their informed consent to these.

_____	_____	_____
Name of (Health Care 4 You) Staff Member	Signature	Date