



## ADULT CLIENT CONSENT FORM

This form authorises Eastern Palliative Care (EPC):

- Provide specialist palliative care services to a competent adult.
- Collect and handle your personal and health information to the extent that is necessary for your agreed care provision.

## EPC SERVICES AND PRIVACY OF YOUR INFORMATION

By signing this form, you agree to:

- Request admission to EPC's Service.
- Understand that care aims to improve your quality of life.
- Acknowledge the explanation of care types, risks, and shared decision-making.
- Discuss your care and this consent form with an EPC staff member.
- Ask family members to respect your choices as primary caregivers.

EPC will:

- Adhere to privacy and health records legislation.
- Collect information for care planning and share it with relevant healthcare providers, equipment providers and relevant government departments
- Store your information in EPC's electronic medical record.
- Share information for research, quality improvement.
- Collect and share information with My Health Record if enabled.
- Not share your information without further consent unless required by law.

If you do not wish your information to be shared with specific persons or organisations, please specify:

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## RELATIONSHIP BETWEEN EPC, THE CLIENT/FAMILY, AND/OR CARERS

EPC promotes comfort and dignity through a multidisciplinary team approach. Care is provided by professionals and volunteers, with on-call assistance available after hours. EPC does not replace family or friends in caregiving and will consult with your medical providers.

## ADDITIONAL INFORMATION PROVIDED

You acknowledge receiving:

- Home team folder with assistance phone numbers and client information.
- 'EPC About us' brochure detailing Clients Rights and Responsibilities.



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### MEDICAL TREATMENT DECISION MAKER

If you have a legally appointed Medical Treatment Decision Maker (MTDM), please provide their details below:

**MTDM Name** ..... **Contact Number** .....

**Relationship to Client** .....

**Copy of documents provided to EPC**      **Yes / No / Plans to obtain** .....

### CONSENT/AGREEMENT

By signing below, you confirm understanding and agreement to the terms, including care provision and information handling. You can withdraw consent at any time by discussing with an EPC staff member.

#### Client Consent

**Date** ..... **Print Client's Name** .....

**Client's Signature** .....

**Client's Preferred Language spoken** ..... **Verbal Consent Only: Yes / No**

**Steps Planned to Obtain Written Consent** .....

#### Staff Details

**Print Staff Name** ..... **Staff Signature** .....

**Designation** .....

*For office use only*

*Reminder: Primary Carers must also sign a separate consent form.*