



Client details/ label

ADULT CLIENT CONSENT FORM

Date: _____

INTRODUCTION

This is a consent form to authorise Eastern Palliative Care (**EPC**) to:

- provide specialist palliative care services to you or the person for whom you are the authorised representative (**you, your**); and
- to collect and handle your personal information and health information (**your information**).

Authorised representatives may include a Medical Treatment Decision Maker (**MTDM**), guardian, or other legally authorised representative see ^Section below, Person Signing on behalf of the client.

EPC SERVICES AND PRIVACY OF YOUR INFORMATION

By agreeing to the terms of this form, you acknowledge and agree to the following:

- You request admission to EPC's Service.
- You have a life-limiting illness and understand that the goals of care are aimed at improving your quality of life.
- An EPC staff member has explained the type of care and other services that EPC may provide during the course of your illness and any risks associated with these services, and service provision will be guided by shared decision making with you, EPC staff, and your carers.
- You have had the opportunity to discuss your proposed care and this form with an EPC staff member, and you also understand that you have the opportunity to ask questions about the proposed care at any time.
- You will ask family member(s) or significant others to respect your choices when fulfilling the role of primary caregiver(s).
- EPC adheres to relevant privacy and health records legislation when collecting and handling your information. In accordance with this legislation, EPC:
 - a. collects information relating to your referral sources
 - b. collects your personal information including your contact details and nominated next of kin/ carer, as this information is used for care planning purposes
 - c. to assist in providing you with the best possible care, collects your relevant health information, and may share your information with other healthcare providers or services, such as general practitioners, specialists, hospitals, ambulances, and equipment providers, to the extent this is necessary for your care
 - d. collects and stores your information in EPC's electronic medical record
 - e. collects and shares your information with funders/ government departments to the extent this is required by the relevant funding arrangements or government requirements
 - f. collects and may share your de-identified information for research (such as with EPC partners and/or universities), and for benchmarking and quality improvement activities

- g. collects and shares your information from other person/s or services as nominated by you (if any):
Please nominate
 - h. collects and shares information to and from the My Health Record – a secure digital record of your health information – if you have enabled one (the visibility of this information can be controlled by you)
 - i. collects your information you submit through the ‘PalCare Home’ app, if you use this app (discussed below)
- Other than in the ways described above, EPC will not share your information with other persons or organisations without your further consent, unless we are required or authorised by law to do so, such as where this is required by a subpoena or a Court order.

If you do not wish for your information to be collected from or shared with a particular person or organisation, please tell us by providing these details below. We will not collect or share your information from or with these persons/organisations unless we are otherwise required or authorised by law to do so:

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PALCARE HOME APP

If you use the ‘PalCare Home’ app (**the App**), you acknowledge and agree that:

- the App only facilitates your recording of symptoms like a personal diary, to enable you to self-assess your symptoms and help you self-determine when you should contact EPC
- the App is not a diagnostic tool and is not designed to be used for your specific treatment
- the App should not be used as a substitute for in-person assessment, diagnosis and treatment by a health professional.
- while EPC will collect information you submit through the App, your use of the App and any information you submit via the App will be unsupervised
- you acknowledge and accept the risks in using the App without supervision, including the risk of personal injury and loss to you
- to the extent permitted by law, EPC does not make any warranties or representations regarding the quality or accuracy of information provided through the App
- to the extent permitted by law, EPC is released from all liability related to information provided by you or your nominated authorised representative
- to the extent permitted by law, EPC is released of all liability in respect of any losses, damages, injury to property or person, and costs incurred or suffered directly or indirectly in connection with the use of the App or in connection with any information provided through the App

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

- EPC promotes the comfort and dignity of clients and addresses the physical, emotional and social needs of the client and family through a multidisciplinary team approach.

- Client care is provided by professionals and volunteers on a scheduled basis during Generally Monday –Friday, and with on call assistance available as required afterhours.
- EPC provides a consultation service and does not take the place of the family or friends in caring for the client.
- EPC staff do not replace your attending medical providers and will consult with them in relation to symptom control as a member of the multidisciplinary team.
- If home visits are deemed unsafe, EPC may adjust service delivery opting for other modes of care provision, until safety issues are rectified.
- Notations will be made on EPC’s medical records including care plans about the medical, nursing, psychosocial, and personal information to assist with handover processes to support your care.

ADDITIONAL INFORMATION PROVIDED WITH THIS FORM

You acknowledge and agree that you have received the following additional information with this form:

- Provision of your home team folder containing phone numbers for assistance and client information
- ‘EPC About us’ brochure detailing Clients Rights and Responsibilities- Aggression or violence towards staff in any form (racial, verbal or physical) is never ok.

CONSENT/AGREEMENT

By signing this form below or otherwise providing us with your agreement to this form, you confirm that you understand and agree to all the above terms, including the care to be provided to you and the way your information will be handled.

You can withdraw your consent at any time. Please discuss with an EPC staff member.

Client Consent

Print Client’s name.....

Client’s signature..... **Date**.....

Verbal Consent only Yes No Reason.....

Steps planned to obtain written consent.....

Print staff name..... **Staff Signature**.....

Designation.....

For office use only:

Reminder to Staff.

Primary Carers are also required to sign a separate consent form.