



CARER CONSENT FORM

CARERS Name **Carers Date of Birth**

Address

Phone: **Mobile:**

Email

Preferred mode of contact **Preferred language spoken**

This consent form authorises Eastern Palliative Care (EPC) to:

1. Provide specialist palliative care services to the above-mentioned client.
2. Collect and handle your personal information and health information (the carer) while providing care to the client.

EPC SERVICES AND PRIVACY OF YOUR INFORMATION

By agreeing to this form, you acknowledge and agree to:

- Supporting the client's admission to EPC
- You recognise that the care aims to improve the client's quality of life.
- An EPC staff member has informed you about the care and any potential risks for the client.
- You have had the opportunity to discuss the care plan and ask questions with the client.
- You understand your responsibilities in fulfilling the client's wishes.

EPC may collect and share information with your consent for:

- a) Referrals, details needed to plan and coordinate the client's care.
- b) Collecting health information to ensure optimal care.
- c) Storing information in EPC's electronic medical record
- d) Sharing information with funders/government departments
- e) Using information for research and improving services.
- f) Sharing information with relevant authorities as required by law: Including:
 - Concerns of domestic violence, elder abuse, child abuse, maltreatment: Reporting any concerns of abuse or neglect.
 - Carer self-harm: Reporting if there is a risk of serious injury or death.

If you do not want information shared, please nominate options between a) – e)

Comment



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

- EPC promotes the comfort and dignity of clients and assists carers as per agreed plans
- Services are delivered by trained staff and volunteers.
- EPC provides a consultation service and does not replace the family in caring for you or the client
- EPC staff will collaborate with the client's doctors for symptom control.
- EPC may adjust service delivery if home visits are deemed unsafe

CONSENT

- By signing this form, you the carer confirms your understanding and agreement to the terms above. You can withdraw your consent at any time.

Carer consent

Print name..... Date.....

Signature..... **Relationship**.....

Staff name print..... **Staff Signature**..... Designation.....

If the client is unable or lacks capacity, consent must be provided by an authorised representative

Print name Date.....

Signature..... **Relationship**.....

EPC requires copies of evidence of legal documentation (as applicable)

- Medical treatment decision maker
.....
- Guardianship.....
- Medical Power of Attorney.....
- Plans to obtain documentation- pls detail:
.....

Other- please nominate

- ☐ Spouse/ Domestic partner
- ☐ Primary (unpaid) carer
- ☐ Adult child
- ☐ Parent of client
- ☐ Adult sibling to the client
- ☐ **Verbal consent only**-Steps planned to obtain written consent.....

Staff name print..... **Staff Signature**..... Designation.....