



Client details:

Please use printed label if client lacks capacity and carer is signing consent on their behalf.

If client has capacity, carer signs only and the client is required to sign the FM106-1 Adult Client Consent Form

CARER CONSENT FORM

Name Date

Address

Phone: Mobile:

Email Preferred mode of contact

Preferred language spoken

INTRODUCTION

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

- provide specialist palliative care services to the person (the **client**) for whom you are the primary carer (or significant person); and
- to collect and handle your personal information (**your information**).

EPC SERVICES AND PRIVACY OF YOUR INFORMATION

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

- You support the client's admission to EPC's Service.
- You understand the client has a life-limiting illness and the goals of care are aimed to improving the quality of life for the client.
- An EPC staff member has explained the type of care and other services that EPC may provide during the client's illness and any risks associated with these services, and service provision will be guided by the multi-disciplinary team, the client and you.
- You have had the opportunity to discuss the client's proposed care and this form with an EPC staff member, and you also understand that you can ask questions about the proposed care at any time.
- You understand your role as primary caregiver(s) is to fulfil the clients wishes according to the client's wants and values.
- 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 referral sources
 - b. collects your information and the client's information, including contact details, to inform care planning and/or the coordination of equipment
 - c. to assist in providing the client with the best possible care, collects the client's relevant health information, and may share your and the client's information with other healthcare providers or services, such as general practitioners, specialists, hospitals, ambulances, my health record and equipment providers, to the extent this is necessary for the client's care
 - d. collects and stores your and the client's information in EPC's electronic medical record
 - e. collects and shares your and the client's 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 and the client’s de-identified information for research (such as with EPC partners and/or universities), and for benchmarking and quality improvement activities
- g. collects additional information from other person/s, services as nominated by you, the carer (if any) **Please nominate**.....
- h. collects your information you submit through the ‘PalCare Home’ app, if you use this app (discussed below)
- i. may share your and/or the client’s personal information with relevant authorities, as authorised or required by law, such as where there was a significant concern for the safety and well-being of the client and/or carer or where this is required by a subpoena or a Court order. Please note our healthcare providers are authorised or required by law to report the following:
 - o Concerns of domestic violence/ elder abuse/ child abuse/ maltreatment including but not limited to physical, emotional, financial, sexual, psychological abuse, neglect, abandonment, and exploitation.
 - o Carer self-harm to authorities when there is possible risk of serious injury or death.

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 (as discussed in paragraph (i) above):

.....

.....

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 generally between Monday – Friday, and with on call assistance afterhours.
- EPC provides a consultation service and does not take the place of the family in caring for the client.
- EPC staff do not replace the client’s 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 or other modes of care provision, until safety issues are rectified. Information on Clients Rights and responsibilities will be provided to you in the ‘EPC About us’ brochure.
- Notations will be made in EPC’s electronic medical record including care plans concerning the medical, nursing, psychosocial, and personal information to assist with care delivery.

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

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

Evidence of legal documentation provided (if applicable)

- Medical treatment decision maker
- Guardianship
- Medical Power of Attorney

Other- please nominate

- Spouse/ Domestic partner
- Primary (unpaid) carer
- Adult child
- Parent of client
- Adult sibling to the client

Staff name print **Staff Signature** Designation



NOTES: