phn DARLING DOWNS AND WEST MORETON

An Australian Government Initiative

Client Consent Form

This *Consent Form* is a record of your agreement or disagreement to the four consent conditions outlined in the *Consent Information Sheet*. The completion of this *Consent Form* assumes the following actions have occurred:

- I have been provided with a copy of the *Consent Information Sheet,* and have read and understood the information;
- I have been provided an opportunity to ask questions about the service, the conditions of consent or the privacy policy and have been provided satisfactory responses to my questions (if relevant); and
- I understand that participation is voluntary and that I may withdraw at any time.

Please provide your relevant details below, and indicate your agreement or not, to each of the four consent conditions over the page.

Name:

Address:

Date of Birth:

Email:

Phone:

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	CONSENT CONDITIONS	YES	NO
1.	**Consent to participate** I consent to the collection and use of information about me and the services I receive, as outlined in the *Consent Information Sheet*. **This consent condition is mandatory – you must agree**		
2.	**Consent to be contacted for evaluation** I consent to being contacted to participate in evaluation activities, as outlined in the *Consent Information Sheet*. I understand that I am not obliged to participate, even if I consent now, and that I will not be contacted if I do not consent. **Please indicate YES or NO** If YES, the contact details you provided on the previous page will be used to make contact with you.		
3.	**Consent to share information with other services** I consent to sharing relevant information with other service providers to assist in the overall coordination of my care. I understand that my information will not be shared if I do not consent. **Please indicate YES or NO** If YES, please complete the box below: *What sort of information can be shared?* *Is there anyone you do not want to share this information with?*		
4.	**Consent to share anonymised data with the Department of Health** I consent to Darling Downs and West Moreton PHN providing anonymised data about me and the services I received to the Department of Health. I understand that my information will not be shared if I do not consent. **Please indicate YES or NO**		

PLEASE SIGN TO CONFIRM CONSENT

Service user name	
Service user signature	Date
☐ Please indicate if verbal consent has been provided	
Witness name 1 Witness name 2 (required for verbal consent only)	
Witness signature 1 Witness signature 2 (required for verbal consent only)	Date

Local Integrated
Primary Health Care