



Australian Government

Consent Information Sheet

This Consent Information Sheet contains important consent information about the services you are receiving. In order to receive this service, there is one mandatory condition that you must agree to, and three other conditions that you can choose to agree or disagree with. Information about these conditions is explained in further detail below. You will provide your agreement or disagreement for each condition on a separate *Consent Form*.

1. CONSENT TO PARTICIPATE

As part of services provided by the Darling Downs & West Moreton PHN, we are required to collect information about you. This will include personal information, and information about the services you are receiving. This information will be stored securely, as per our Privacy Policy, and will be available to staff members involved in delivering the service. Your information will also be available to program staff at Darling Downs & West Moreton PHN, as funders of this service. Darling Downs & West Moreton PHN will use this information for program management, quality improvement, as well as monitoring service delivery. Non-identifiable information will be used in planning service improvements and conducting research.

Your consent to participate is mandatory, if you want to receive the service.

2. CONSENT TO BE CONTACTED FOR EVALUATION

The Darling Downs & West Moreton PHN is committed to the ongoing improvement of primary health care service delivery. Your experience is important in assisting us to determine if the service is helping you achieve the things you want to achieve. From time to time, Darling Downs & West Moreton PHN or an affiliated partner organisation will invite people who use the service to participate in evaluation activities, to provide us with information that will help us to learn, and improve the services we provide to you and others.

Your consent to be contacted for evaluation is optional.

3. CONSENT TO SHARE INFORMATION WITH OTHER SERVICES

In delivering primary health services, it may sometimes be beneficial to share information about you, and the services you are receiving, with other individuals or service providers also involved in your care. You control what information is shared, and to whom, and you can withdraw your consent at any time.

Your consent to share information with other services is optional.

If you agree, you will be asked to specify what type of information can be shared, and whether there are specific individuals or service providers that you would not like to share information with.

4. CONSENT TO SHARE ANONYMISED DATA WITH THE DEPARTMENT OF HEALTH

As the funder of the service, the Department of Health is interested in anonymised data which will be used for evaluation purposes to improve primary health services in Australia. This anonymised data includes information about you, such as your gender, date of birth and types of services received, but does not include any information that could identify you.

Your consent to share information with the Department of Health is optional.

Please indicate your consent to these conditions on the Mental Health Services *Consent Form*.

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Local Integrated
Primary Health Care