



CLIENT CONSENT FORM

Client Information

Clinical Services Provided to Clients by Allied Health Professionals

Central to the provision of allied health services is the therapeutic nature of the relationship between the Allied Health Professional and you, the client. This relationship is dependent on the open and honest disclosure of intimate information by you to the Allied Health Professional. In the context of this relationship, the Client Rights and Responsibilities, Privacy and Confidentiality and Complaints Process reinforce this imperative.

This Client Information Pamphlet outlines important information for you to know about your rights and responsibilities when receiving services from Allied Health Professionals through RHealth, the privacy and confidentiality principles and processes underpinning the service.

Clients Rights and Responsibilities

Clients Rights:

When receiving this service, you have the right to:

- be treated with dignity and respect
- be informed what services are available
- choose what service you will receive
- be assessed to receive services without discrimination
- privacy and confidentiality
- express your own views and ideas
- have someone with you when seen by an allied health professional
- have someone speak on your behalf
- have access to your records upon written request by you or your nominated representative. Information will be supplied to you within 14 days from receipt of request or if more complicated, within 30 days
- withdraw consent at any time

Clients Responsibilities:

When receiving this service, it is your responsibility to:

- respect the allied health professionals and other clients
- respect the conditions on the agreed plan between you and your allied health professional

Refusal of Service

RHealth will ensure that clients who refuse or have been refused a service are not disadvantaged from accessing services in the future.

RHealth may refuse a service to you on the following basis:

- Your need for the service is not adequately established according to the program guidelines
- Inappropriate referral, such as to a service not provided by RHealth.
- Funding availability, such as the service required is out of scope of RHealth. RHealth will refer you to other available options.
- Violence

Clients who are refused a service may reapply through a General Practitioner for re-assessment based on the following:

- A change in the client's condition or situation.

This information is provided to you for your future reference. Should you wish to discuss any of this information, please do not hesitate to contact RHealth on (07) 4638 1377.

Privacy and Confidentiality

RHealth respects the privacy of clients and their families. To provide you with the best possible care, it is important for you to be able to trust us and share with us all the information necessary to enable us to support you appropriately. Your personal information will not be shared with another person without your written consent.

What Information is collected about me?

Most of the personal information collected relates to your diagnosis and treatment. When you attend a session a record is made containing your name, address, contact details and other information such as the nature of the problem, family history, and the diagnosis and treatment. Every time you attend new information is added to your record.

Information will generally be collected from you. However, there may be circumstances where information about you will be collected from someone else. For example, information obtained from a relative in an emergency. This information may also be included in your record.

Sharing Information

To ensure the most appropriate services are provided to you, information may be passed on to a new allied health provider who provides a similar service where required, to your GP or to other health care providers who are involved in your care, for example if you need more medical tests or a referral to them.

Your record may also be accessed by administrative support staff to perform tasks such as booking appointments and communicating with you and other health providers.

De-identified information may also be provided to the Primary Health Network on behalf of the Australian Government Department of Health which may be used for research and statistical analysis to provide quality health care services.

There are certain laws which may require allied health professionals to disclose certain information about you to other parties under certain circumstances, which include:

- Mandatory notification of child abuse
- Possession of firearms Serious criminal activity
- Missing persons
- If there is risk of harm to you or to someone else

Do I have access to my information? Yes.

You also have the right to request access to your health record under the Freedom of Information Amendment (Reform) Act 2010.

Please discuss accessing your health information with your health professional.

CONSENT FORM

Collection and Use of Your Personal Information – What You Need to Know

RHealth is required to collect personal information from you so we can contribute to the provision of quality health care. In doing so, **we would like your permission to collect this information** and it is important that you understand and sign this document.

All clients who access services provided by RHealth will have access to all relevant information under common law. Clients have the right to have their confidentiality being respected and can pursue legal action including damages for specific breaches. All RHealth clients and workers have the right to strict privacy of personal information and workers are required to sign a confidentiality consent form agreeing to these conditions.

Consent (please tick all that apply)

- I have read the information for the collection and use of my personal information and understand why my information must be collected. I also know RHealth has a Privacy Policy, which covers the collection, storage, disclosure and security of client information. The Policy conforms to the Health Records and Information Privacy Act 2002 and all other relevant Government laws and regulations.
- I understand that I do not have to give information asked, but not doing so may limit the range of services available to me.
- I understand that I can withdraw my consent at any time however I acknowledge that this will result in the cessation of RHealth services.
- I understand that if my information is to be used for any reason other than set out in this form, I will be told why and given an opportunity to consent. If I agree, I understand that I have the right to say no, and that my decision will be accepted and respected.
- I agree to the collection of my personal information and use of my de-identified information as detailed in this Client Consent Form.
- I agree my information may be provided to and used by a replacement health service provider, a new health provider who provides a similar service, my GP, anybody or organisation that funds services provided by RHealth, or other health care providers who are involved in my care.
- I agree that my sessions if needed can be delivered by telehealth. (E.G. telephone/web-based/skype)

I have been given the following documents (please tick all that apply)

- Compliments/Complaints Form
- Afterhours Support Contacts (where applicable)

Please print name **Name of Legal Guardian (if signing on the client’s behalf)**

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Signed **Dated**

(Signed form to kept on Clients Record)