Client Registration and Consent Form

Aboriginal Wellness Centre Program

The AWC Program supports Aboriginal and Torres Strait Islander people within the Kwinana/Rockingham Area to improve the self -management of their health condition. It is the responsibility of Moorditj Koort to support clients to understand and complete the form to ensure informed consent.

Patient Details:			
First Name:			Date of Birth:
Surname:			Phone:
Residential Address:			Postcode:
Medicare Number:		Ref No:	Expiry:
Health Care / DVA Card Number:			Expiry:
Primary Language Spoken:			Interpreter Required: Yes No
Gender:	Male	Female	Indeterminate / Intersex / Unspecified
Ethnicity:	Aboriginal	Torres Strait Islander	Aboriginal & Torres Strait Islander

Emergency Contact Details:	
First Name:	Relationship:
Surname:	Phone:
Residential Address:	Postcode:

GP Contact Details:	
First Name:	Relationship:
Surname:	Phone:
Residential Address:	Postcode:

Additional Details:		
Have you recently had a 715 ATSI health check:	☐ Yes	☐ No
Are you the primary carer for another person:	☐ Yes	☐ No
Do you have mobility issues:	☐ Yes	☐ No
Do you have access to transport:	☐ Yes	☐ No

Client Consent

To register for the Program please read the information below and tick to confirm that each point has been explained by a staff member, and that you understand/consent as applicable.

Protecting Your Privacy	The Program is committed to providing you with the highest level of service and confidentiality. The Program is bound by the Commonwealth Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2000.	☐ Yes
Information Management	All information collected about you is confidential and will be stored securely. You may request to see information held about you, or withdraw from the Program, at any time. The documents released to the Provider from your GP (or hospital, or other relevant health provider) may contain information including, but not limited to, history, diagnoses, and/or treatment of mental illness or communicable disease. The provided information is stored securely, and will remain confidential between you, your GP (or other relevant health provider) and Moorditj Koort. Information retained by the organisation cannot be disclosed to a third party without your written authorisation, except where otherwise permitted by law.	☐ Yes

Collection, Exchange and Disclosure of Information	Communication between your GP and Moorditj Koort: Moorditj Koort will support your GP to help you to manage your health condition. Your GP must provide a copy of your 715 to Moorditj Koort including recommendations for support. Depending on the recommendations the organisation may require additional information/documents (such as copies of: 715 ATSI Health Check; Team Care Arrangements; or allied health and specialist referral forms). The organisation will provide your GP with updates on your progress, and recommendations for ongoing management of your health condition.	☐ ☐ Yes
	Communication with Allied Health and Specialist Services: Information needed to coordinate appointments with referred Allied Health and Specialists will only be disclosed with verbal consent from yourself. Sharing of clinical information will require your written consent.	Yes
	Communication with Hospitals: If you are admitted to hospital while registered for the Program The organisation and hospital staff involved in your care may liaise to confirm that you are registered for the Program and to discuss your health needs once you are discharged. The hospital may provide the organisation with a copy of your discharge summary.	☐ **Yes**
Cancellations	You must provide Moorditj Koort 24 hours' notice to cancel an appointment. Failure to do so may result in the appointment being considered a 'Did Not Attend' (DNA) by the health service. A DNA may result in you being re-assigned to the waitlist. Continuous DNA may result in review of your registration with the Program.	☐ Yes
Transport Support	The Program supports clients without access to transport to attend essential health care appointments. This may include coordination with other services who provide transport; assistance to access public transport; or provision of transport by a staff member when available. Where no other transport option is available, a voucher may be provided. Vouchers must only be used for direct travel to and from appointments. You are financially responsible for any misuse of the voucher, any misuse may result in suspension from future transport support.	☐ ☐ ☐ Yes
Case Conferencing	You, or one of the health professionals involved in your care, may ask Moorditj Koort or GP to arrange a case conference. Case conferences provide an opportunity for you and the people who provide medical and other services to meet and plan your future care.	☐ Yes
Discrimination	The AWC Program prohibits discrimination based on age, race, gender identity, sexuality, religious or political beliefs or activity or other characteristics possessed or assumed as protected under Federal and State anti-discrimination law	☐
Program Reporting and Evaluation	I understand that the Program is funded by the Australian Government, and that de-identified statistical information will be collected and used to assist the Program in reporting and evaluation. This will help ensure continuous program improvement.	☐ Yes

Client Name:	Signature:	Date:
.....	.....	.....
Parent/Guardian/Carer Name:	Signature:	Date:
.....	.....	.....

Program Verbal Consent:

Verbal consent should only be used where it is not practicable to obtain written consent

I have discussed the above information with the client and/or the parent/guardian and am satisfied that they understand the proposed collection, use and disclosure of personal health information and have provided informed consent to participate in the Program.

Staff Member's Name:	Signature:	Date:
.....	.....	.....