

# Client Registration and Consent Form



## Healthy Lifestyle Program

The Healthy Lifestyle Program supports Aboriginal and Torres Strait Islander people in the health promotion and health education. It is the responsibility of the Organisation 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:	
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:

### DCP Contact Details:

Full Name:	Phone:
Email:	Mobile:

### GP Contact Details:

GP Name:	
Practice Name:	Phone:
Residential Address:	Postcode:

## Client Consent

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

<b>Protecting Your Privacy</b>	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.
<b>Information Management</b>	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.
<b>Collection, Exchange and Disclosure of Information</b>	Communication between your GP and Moorditj Koort: 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.  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.  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.

<b>Cancellations</b>	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.
<b>Transport Support</b>	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.
<b>Case Conferencing</b>	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.
<b>Discrimination</b>	The 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
<b>Program Reporting and Evaluation</b>	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.

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: .....