

Client Registration and Consent Form



WA Integrated Team Care Program

The Integrated Team Care (ITC) Program supports Aboriginal and Torres Strait Islander people with complex chronic care needs to improve self-management of their condition in partnership with their GP. It is the responsibility of the ITC Provider 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	

Next of Kin Details:

First Name:			Relationship:	
Surname:			Phone:	
Residential Address:			Postcode:	

Emergency Contact Details:

First Name:			Relationship:	
Surname:			Phone:	
Residential Address:			Postcode:	

Additional Details:

Do you have dependent children living at home:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, number of children:	
Are you the primary carer for another person:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have mobility issues:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have access to transport:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Client Consent

To register for the ITC Program please read the information below and tick to confirm that each point has been explained by an ITC staff member, and that you understand/consent as applicable. Text in **RED** indicates where you may select either Yes or No and still be registered for the ITC Program.

Protecting Your Privacy	The ITC Program is committed to providing you with the highest level of service and confidentiality. The ITC Program is bound by the Commonwealth Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2000.	<input type="checkbox"/> 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 ITC Program, at any time. The documents released to the ITC 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 the ITC Provider. Information retained by the ITC Provider cannot be disclosed to a third party without your written authorisation, except where otherwise permitted by law.	<input type="checkbox"/> Yes



Collection, Exchange and Disclosure of Information	Communication between your GP and ITC Provider: The ITC Provider will support your GP to help you to manage your chronic condition. Your GP must provide a copy of your GP Care Plan to the ITC Provider including recommendations for ITC support. Depending on the recommendations the ITC Provider may require additional information/documents (such as copies of: GP Management Plan; Team Care Arrangements; or allied health and specialist referral forms). The ITC Provider will provide your GP with updates on your progress toward completion of the GP Care Plan, and recommendations for ongoing management of your health condition. Your ITC Provider will require copies of 3-6 monthly reviews of your GP Management Plan.	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes
	Communication with Hospitals: If you are admitted to hospital while registered for the ITC Program your ITC Provider and hospital staff involved in your care may liaise to confirm that you are registered for the ITC Program and to discuss your health needs once you are discharged. The hospital may provide your ITC Provider with a copy of your discharge summary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Communication with other ITC Providers: if you are outside your current ITC region, but still within WA, another ITC Provider may be able to assist you. To do this your current ITC Provider will need to share information about your care needs to the other ITC Provider. An ITC Provider will discuss this with you and request additional consent for the inter-region support/transfer process as needed.	<input type="checkbox"/> Yes
Cancellations	You must provide the ITC Provider and health services 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 ITC Program.	<input type="checkbox"/> Yes
Transport Support	The ITC 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 an ITC 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; and the receipt must be returned to the ITC Provider. You are financially responsible for any misuse of the voucher. Any misuse may result in suspension from future transport support.	<input type="checkbox"/> Yes
Case Conferencing	You, or one of the health professionals involved in your care, may ask your ITC Provider 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.	<input type="checkbox"/> Yes
My Health Record	Clinical ITC staff directly involved in your care may request to view and upload health information into your My Health Record. Your verbal consent will need to be provided each time this needs to occur. It is possible to set up privacy settings within My Health Record to receive a text whenever your record is accessed; or to limit access to only those whom you have provided a passcode.	<input type="checkbox"/> Yes
Home Medication Review	A Home Medication Review (HMR) may be recommended to assist in the management of your ongoing medication needs. This will require release of your medical and medication history, as well as Medicare Number to the pharmacist. The pharmacist will communicate the findings of the HMR to you and your ITC Provider.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Review of ITC Registration	Your ITC needs and ability to self-manage will be reviewed regularly. You may be discharged from the program as you become better able to self-manage. Should your needs change in the future your GP can submit a new ITC referral.	<input type="checkbox"/> Yes
Discrimination	The ITC 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.	<input type="checkbox"/> Yes
Program Reporting and Evaluation	I understand that the ITC Program is funded by the Australian Government, and that de-identified statistical information will be collected and used to assist in ITC Program reporting and evaluation. This will help ensure continuous ITC Program improvement.	<input type="checkbox"/> Yes

Client Name:	Signature:	Date:
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Parent/Guardian/Carer Name:	Signature:	Date:
.....
ITC Staff Member Name:	Signature:	Date:
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ITC 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 ITC Program.

ITC Staff Member's Name:	Signature:	Date:
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