

Consent and Exchange of Health Information Form

I (client / carer name) _____

(address) _____

Consent to engage voluntarily with Empower Aged Care Consulting for the purpose of providing education/care/treatment for care coordination and / or physiotherapy services.

I/client carer consent to my health information* being exchanged between services** and family/informal supports who are providing my care.

* Health information includes but is not limited to personal information that is or about;

- An individual's physical, mental or psychological health or an individual's disability
- An individual's expressed wishes about the future provision of health services to him or her
- A health service provided, or to be provided, to an individual

** Services include although are not limited to:

- Local doctors
- My Aged Care
- Aids and Equipment Programs
- Community Services
- Other (please specify)
- Treating Hospitals
- Case Managers
- Post Acute Care Services
- Carer Support Services

Information collected will be in accordance with 'The Privacy Act' (1988) which I /client carer has read or had explained to me. All of the above has been explained in a language I understand.

Client / Carer Name: _____ Signature: _____ Date: ___ / ___ / ___

Consent obtained by

Name: Nicole Dunn (Empower Aged Care) Signature: _____ Date: ___ / ___ / ___

Verbal Consent

I have discussed with the client their consent –

- To engage voluntarily with Empower Aged Care Consulting for the purpose of providing education/care/treatment for care coordination and / or physiotherapy services.
- For health information to be shared between services
- Proposed referrals to other services

I am satisfied that the client / carer understands the proposed uses of the health information and disclosures and has provided their informed consent to these.

Date verbal consent given ___ / ___ / ___

Name: Nicole Dunn (Empower Aged Care) Signature: _____