

Outback Care – Client Consent

I, (Name) _____ Date of Birth _____

Guardian/Carer (if applicable): _____

I give permission for the above Guardian/Carer to be involved in the management of my care.

Sharing of information

I give permission for sharing of my **personal information** in respect of my care and/or attendance with:

My local GP: _____ Practice: _____

Other: _____

Outback Care will also use **deidentified** information for planning and quality improvement.

Storing of information and confidentiality

Outback Care work within the Australian Privacy Principles.

Outback Care is a fee for service arm of **Boab Health Services**. All information we hold about you will be treated and stored confidentially on a secure electronic medical system owned and operated by Boab Health Services. Exceptions to this include if there is serious risk of harm to yourself or others, if you have been abused by someone and are under the age of 18, or your notes are subpoenaed by a Court.

Consent for clinical photography

When relevant our team may use clinical photography to assess progress with certain conditions.

I consent to my photo being taken for my medical record Yes No

I consent to my photo being used for educational purposes Yes No

Please review the following and sign:

I have **read** and **understood** the above information.

I **consent** to **participate** in this service and my health practitioner has **explained** any associated **risks** or **limitations**.

I understand this **authority** is **valid** from the date signed but can be **withdrawn** at any time and will automatically **expire** when services are finalised by me or Outback Care.

I have had the opportunity to **ask questions** regarding my consent, I understand how I can give feedback

I have been informed about mine and Outback Care's **Rights and Responsibilities**.

Clients Signature: _____ Date: _____

Guardian's signature (if applicable): _____ Date: _____

Outback Care clinician who obtained this consent: _____ Signature: _____

Informed verbal consent was obtained from client. The above information was provided to the client and client advised that they understand and agree. Consent form completed on client's behalf by Outback Care clinician.