

Integrated Team Care CLIENT CONSENT FORM

The Integrated Team Care Program, which incorporates the Care Coordination and Supplementary Services, **is for Aboriginal and/or Torres Strait Islander People only, who have a diagnosed Chronic Disease, that has been or likely to be there for six months or more.**

Each case will be assessed on the information provided and the level of support will be determined on a case by case basis and subject to Hunter New England Central Coast Primary Health Network (HNECC PHN) guidelines, policies and procedures of HealthWISE, staff capacity and the level of funding available for supplementary services. **An updated General Practitioner Management Plan (GPMP) will be required as part of the eligibility requirements for Care Co-ordination.**

At times of high demand for this Program a wait list will be created and your patient will be placed on this waiting list. You will be notified of this in writing.

The ITC Program is not an Emergency Response Program and is not able to assist in Acute Situations.

- This form, once signed, will register you or your patient to become a client of the ITC Program delivered by HealthWISE.
- Registration will allow the ITC Team to access and share necessary health information with health providers and other relevant service providers who are identified to support overall health outcomes.
- All information shared between the client and HealthWISE will be treated as strictly confidential at all times.
- At any stage your patient can request to be removed from this program by notifying the ITC Team Care Coordinators.
- All data collected that will be used for reporting purposes with HNECC Primary Health Network will be de-identified.
- You or your patient will notify HealthWISE if they are receiving any other assistance that supports your patient to manage their Chronic Disease. E.g. IPTASS, DVA, ENABLE NSW, Private Health Fund, MyAged Care and NDIS.
- You or your patient will provide the ITC Team with a minimum of two weeks' notice prior to all appointments and three weeks' notice if travel and/or accommodation is to be organised to attend appointments.
- All correspondence held by HealthWISE and partners that relate to purchasing of travel / accommodation services or medical aids will remain the property of HealthWISE and partners.
- HealthWISE have a Zero Tolerance policy for abusive behavior. Any breaches of behavior towards staff or service providers for this program, may result in your patient being released from this program.

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Consent

I, (Full name of client or child/ward)

Identify as Aboriginal and/or Torres Strait Islander descent? click/tap to select Yes No

You must Identify with your regular General Practice as Aboriginal and/or Torres Strait Islander or both and receiving ongoing care for the diagnosed Chronic Disease in accordance with the Department of Health Guidelines to be eligible for assistance from this Program.

I hereby agree to my, or the child's, records being kept in a secure medical software program of HealthWISE. I acknowledge that the purpose of holding this information is to assist in the management of my, or the child's, chronic disease/s and used for de-identified reporting to the HNECC PHN. I understand that my health condition/s may be accessible to Health Service providers involved in my the child's care.

Date of Birth: / / **Gender:** click/tap to select Male Female prefer not to say

Address: (not PO Box) **Postcode**

Contact phone number:

Regular GP name: **Practice name:**

Medicare Card Number **Exp Date** /

Concession Card Number **Exp Date** /

Type of Concession Card

I, (full name) have read and understood the above Consent Form.

I agree to these conditions for the service provided by HealthWISE for myself, OR *child's name*:

Signature Date / /

OR

The client has given verbal consent to these conditions and for HealthWISE to provide services to them.

Name

Signature Date / /

Please forward signed and completed form with a current GPMP and any current referrals to Specialists to your nearest HealthWISE Care Coordinator or please call for further information.

Tamworth P: 6766 1394 F: 6766 1372 Coreena McKenzie-Ride coreena.mckenzie-ride@healthwise.org.au

Glenn Allan glenn.allan@healthwise.org.au

Talitha Gardner talitha.gardner@healthwise.org.au

Narrabri P: 6792 5514 F: 6792 5518 Chris Southwell chris.southwell@healthwise.org.au

Gunnedah P: 6742 3633 F: 6742 3699 Jess Keynes jess.keynes@healthwise.org.au

Armidale P: 6771 1146 F: 6771 1170 Val Williams valerie.williams@healthwise.org.au

Office Use Only

Informed Consent Explained to Client GPMP Attached PROM 1 Completed Agreed PREM Date / /

Please ask your client to like the HealthWISE Facebook Page for the latest news about our programs and for tips about leading a healthy lifestyle through diet, exercise and mental health well being. In the search tab on their Facebook homepage, type in 'healthwise new england northwest', and then choose the page with the umbrella icon. 