

**WMQ Form**

# Consent Form – Community Services

Privacy Consent Form

I, \_\_\_\_\_ (print name)

of, \_\_\_\_\_ (print address)

Consent to:

**(1) CARE/SERVICES**

I agree to allow Wesley Mission Queensland to provide me with care/services as identified and documented in my care plan. I understand that I am able to ask for my care/services to be reviewed at any time and that I can refuse/discontinue the care/services provided to me at any time.

**(2) SHARING OF INFORMATION WITH OTHER SERVICES**

I agree to allow Wesley Mission Queensland to provide other services/health professionals with information from my health/care record. Including internal and external auditing bodies.

**(3) PROVISION OF DATA TO GOVERNMENT FUNDING BODIES.**

I agree to the provision of de-identified data for statistical and funding purposes to government funding bodies

Consumer/Guardian	Witness
Sign:	Sign:
Print Name:	Print Name:
Date:	Date:

**VERBAL CONSENT GAINED VIA THE PHONE**

The above components of the consent form have been discussed with the consumer/carer over the phone and they have consented to the above marked section/s.

Staff signature: \_\_\_\_\_ Name

Print Name:

 Date: \_\_\_\_\_ *(It is important that this consent form (where appropriate) be signed by the consumer/guardian at the first visit)*
**INABILITY TO OBTAIN CONSENT**

I have not been able to obtain informed consent relating to section/s: 1, 2, 3, All (Circle)

From, or on behalf of :

Staff Signature:

(Consumer's name) Print Name:

 Date: \_\_\_\_\_ *(Document events accurately in the consumer health record)*