

Integrated Team Care CHILD REFERRAL AND CONSENT FORM

The Integrated Team Care Program is for Aboriginal and/or Torres Strait Islander People who have a diagnosed Chronic Disease.

HealthWISE are working to assist the child/your patient to manage their Chronic Disease/s.

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 the Darling Downs West Moreton Primary Health Network (DDWM 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) and referral details will be required as part of the eligibility requirements for Care Co-ordination.

- This form, once signed, will register the child (Self-Referral), 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 the 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.
- All data collected that will be used for reporting purposes 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. Patient Travel Subsidy Scheme (PTSS)
- You or your patient will provide the ITC Team with a minimum of **three weeks' notice if travel and/or accommodation is required.**
- All correspondence held by HealthWISE that relate to purchasing of travel / accommodation services or medical aids will remain the property of HealthWISE.
- HealthWISE have a Zero Tolerance policy for abusive behavior. Any breaches of behavior towards staff or service providers for this program, may result in you or your patient being released from this program

Child's details

Child's Full name:

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

Address: (not PO Box) Postcode

Contact phone number:

Regular GP name:

Practice name:

Does the child identify as Aboriginal and/or Torres Strait Islander? click/tap to select Yes No Both

Consent

This consent is subject to:

- The information retained on the medical software being kept strictly confidential;
- Any information required for research being used on de-identified data reports;
- My right to withdraw consent at any time by informing the Integrated Care Team.
- My Medical History and diagnosis being discussed with my GP and other health professionals involved in my care as determined by my General Practitioner Management Plan. **(Please note, a GPMP will need to be completed in order to access the ITC Program, this can be obtained through your GP.)**

I hereby agree to the child's records being kept in a secure medical software program by HealthWISE. I acknowledge that the purpose of the holding this information is to assist in the management of the child's chronic disease/s and is used for de-identified reporting to funding providers.

I understand that the child's health condition/s may be accessible to Health Service providers involved in the child's care.

I, (parent/guardian name) have read and understood the above Consent Form.

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

Signature Date / /

OR

I, (health professional's name) have informed

parent/guardian: *name* of the conditions of the HealthWISE service.

The parent/guardian has given verbal consent to these conditions and for HealthWISE to provide services to:

child's name

Signature Date / /

Please email completed and signed form with a **CURRENT GPMP AND REFERRAL to HealthWISE**

Integrated Team Care: itc.ddwm@healthwise.org.au

Please call for further information:

Goondiwindi P: 07 4519 3503 M: 0409 727 063 Rebecca Bell rebecca.bell@healthwise.org.au

M: 0418 126 581 Leeanne Cutmore leeanne.cutmore@healthwise.org.au

Gunnedah P: 02 6742 3633 M: 0427 664 502 Jess Keynes jess.keynes@healthwise.org.au