INTEGRATED TEAM CARE
Client Referral and Consent Form

HealthWISE
Creating healthier communities

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. Eligible list of chronic diseases funded to be supported:**

- ☐ Diabetes
- ☐ Cardiovascular disease
- ☐ Chronic mental health conditions MHCP with mental health diagnosis
  Please note: If ineligible for a GPMP, a Mental Health Care Plan must be provided
- ☐ Cancer
- ☐ Chronic kidney disease
- ☐ Other (If there are none of the above please list other diseases to be considered according to the guidelines)

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) with referral letters or other supporting documents will be required as part of the eligibility requirements for the Integrated Team Care Program.

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 Care Coordinators.
- All data collected 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, My Aged Care and NDIS.
- You or your patient will provide the ITC team with a minimum of three weeks' notice prior to all appointments and three weeks' notice if travel and/or accommodation is 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 has a Zero Tolerance policy for abusive behaviour toward our staff and service providers. Any breaches of this policy, may result in your patient being released from this program.

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HEAD OFFICE:
213 Peel Street
Tamworth
NSW 2340

HealthWISE
T: 02 6766 1394 **F:** 02 6766 1372
E: info@healthwise.org.au
W: www.healthwise.org.au

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Is the client Aboriginal? ☐ Yes ☐ No Is the client Torres Strait Islander? ☐ Yes ☐ No

You must identify with your regular General Practice as Aboriginal and/or Torres Strait Islander, and be receiving ongoing care for the diagnosed chronic disease in accordance with the Department of Health guidelines to be eligible for assistance from this program.

Client's first name _____ Client's last name _____

Date of birth ___ / ___ / _____ Gender ☐ Male ☐ Female ☐ Prefer not to say

Street address _____ Town _____

Post Code _____ Contact phone number _____

Regular GP _____ Practice name _____

Medicare card number _____ Expiry Date ___ / ___

Concession card number _____ Expiry Date ___ / ___

Concession card type _____

I hereby agree to my, or my child/ward'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 my child/ward'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, or my child/ward's care.

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 my child/ward _____

Signature _____ Date ___ / ___ / _____

OR

The client has given verbal consent to these conditions and for HealthWISE to provide services to them or their child/ward.

Name _____

Signature _____ Date ___ / ___ / _____

Please forward signed and completed form with a current GPMP and any current referrals to specialists to your nearest HealthWISE ITC team member 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
Armidale	P: 6771 1146	F: 6771 1170	Val Williams - valerie.williams@healthwise.org.au Vivian Holten - vivian.holten@healthwise.org.au
Moree	P: 6752 7196	F: 6752 6616	Leeanne Cutmore - leeanne.cutmore@healthwise.org.au

OFFICE USE ONLY

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

QIC Quality Innovation Performance ACCREDITED
ABN 48 603 486 442

phn HUNTER NEW ENGLAND AND CENTRAL COAST
An Australian Government Initiative

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