CAPE YORK INTEGRATED TEAM CARE (ITC) CLIENT CONSENT FORM



Integrated Team Care (ITC) assists Aboriginal and Torres Strait Islander people with chronic health problems who need help coordinating their health care and accessing services and medical aids not available through other funding sources.

To receive help from the ITC program, you need to give your consent to participate.

Consent:

My doctor, or clinic staff, has discussed the ITC program with me. I understand what I have been told, any questions I had have been properly answered, and I want to participate.

- I understand that my participation is voluntary, and I can withdraw at any time.
- I understand that health and community service providers may collect, use, and share relevant personal information as part of my care, and that this information may be stored or shared electronically.
- I understand that the personal information collected by these organisations will be maintained in line with the Privacy Act and the Australian Privacy Principles. It will remain confidential except:
 - when it is a legal requirement to disclose information
 - where failure to disclose information would place me or another person at risk
 - when my written consent has been obtained to release the information to a third party.
- I understand that statistical information (that does not identify me) will be collected to help improve services for Aboriginal and Torres Strait Islander people.

Permission to contact: It has been explained to me and I understand that my Care Coordinator will contact my doctor and other health professionals I visit to assist me in managing my health care.

I understand that I have the right to withdraw my consent at any time.

Client Name:	
Client Signature:	Date:///

Office Use – Referring Service			
Copy of consent given to client?	Yes 🗆	No 🗆	
ITC information brochure given to client?	Yes 🗆	No 🗆	