



## 1. INFORMATION

Informed consent is necessary to meet requirements of both the *Privacy Act 1988* with respect to the collection, use and disclosure of personal and sensitive information and the use and disclosure of protected information under Division 86 of the *Aged Care Act 1997*. Prior to starting the assessment, the assessors must read out the relevant script to the individual and record the individual's consent associated with that activity. The script is to be used as a guide to assist the individual in providing informed consent and can be tailored to ensure that the information is understood by the individual. If there is a suggestion that the client lacks capacity, complete this form with the client's **confirmed** authorised representative in My Aged Care.

## 2. ASSESSMENT CONSENT SCRIPTS

### SCRIPT A – ASSESSMENT

In giving your consent for assessment you understand that:

- The assessor<sup>1</sup> will collect information that allows them to assess your eligibility for aged care services.
- For your assessment, the assessor will collect personal information about your care needs and circumstances.
- Your information will be recorded in your My Aged Care client record.
- If it is important to your assessment, the assessor may need to collect information from your General Practitioner, other health professionals, your family or carers.<sup>2</sup>
- As part of your assessment, if you provide the assessor with personal information about other people such as your family, they will assume that you have the other person's consent.
- The assessor may share your personal information with other organisations to manage the support you need, for example, the Department of Health, aged care or health providers, Services Australia and state and territory services.<sup>3</sup>

### SCRIPT B – REFERRAL FOR SERVICES *[If service referrals are anticipated include this section]*

If you are eligible for an aged care service or services, the assessor will refer you to a service provider to arrange the kind of service/s that you need. In giving your consent for the service referral/s, you understand that:

- Your service referral/s will contain personal information about your assessed care needs and circumstances collected from your My Aged Care client record.
- The service provider/s will use the referral information to decide if they can offer you the service/s.
- You are agreeing to select one (or more) of three ways to send a My Aged Care service referral to the provider<sup>4</sup>:
  1. **Referral code:** The assessor will give you a referral code/s to take to your chosen provider. The provider will enter your referral code into My Aged Care and will be able to see your information and accept your referral. *[For home care clients only: You will receive your referral code in a letter when you are assigned a home care package or a new home care package level. Please do not disclose your referral code to a provider until you are ready to engage their service/s as your provider of choice.]*
  2. **Sequential:** The assessor will send your referral to your chosen provider/s in the order of your preference. You can limit your preference to one or more providers. If your first preference is not available, the referral is automatically sent to your next preference.
  3. **Broadcast:** The assessor will send your referral to all available providers. In agreeing to a broadcast referral, multiple providers could contact you to see if they can provide you with the service/s. If a provider accepts your referral, the other provider/s will no longer see your information.

### SCRIPT C – GENERIC *[Adapt text to relevant consent activity A and/or B]*

- As we go through the [assessment] [and/or] [service referral process], please tell me if you do not want any of your information to be recorded. We can discuss how to manage this further.
- You can change your mind and withdraw your consent to participate in the [assessment] [and/or] [service referral process] at any time. However, this will mean the assessor cannot [complete your assessment for aged care service/s] [and/or] [issue further service referrals]. You will need to arrange your own aged care services.
- Please see the My Aged Care privacy policy on [myagedcare.gov.au](http://myagedcare.gov.au) for more information.

<sup>1</sup> The assessor or member of the assessment organisation

<sup>2</sup> If a younger person or National Disability Insurance Scheme (NDIS) participant over 65 include as appropriate: Ability First Australia (AFA) or National Disability Insurance Agency (NDIA)

<sup>3</sup> *ibid*

<sup>4</sup> For clients approved for home care, only the referral code method applies and is issued on package assignment.



## CONSENT FORM

Select consent scripts read: **A – Assessment** ☐ **B – Referral for Services** ☐ **C – Generic** ☐

Do I have your consent to do the assessment? Yes ☐ No ☐ N/A ☐

Do I have your consent for referral for services? **Yes** ☐ **No** ☐ **N/A** ☐

If service referrals are sent after your assessment, please nominate your preferred referral method/s:

Referral code ☐**Sequential** ☐Broadcast ☐

*If consent was obtained from the client, go to section 4. If consent was obtained from the authorised representative, go to section 5.*

#### 4. CLIENT DETAILS – CLIENT / ASSESSOR TO COMPLETE

**Client Full Name** *(exactly as it appears on the Client's Medicare card or DVA concession card, where applicable)*

[illegible]

**Client** Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY) **Client** Aged Care ID\*: \_\_\_\_\_

A **Support Person** was required to assist the client with communicating their consent: **Yes** ☐ **No** ☐

*If yes, complete the support person's details below.*

Full Name: \_\_\_\_\_ Aged Care ID: \_\_\_\_\_ (if available)

Role: \_\_\_\_\_ (e.g. representative, carer, interpreter etc)

## 5. AUTHORISED REPRESENTATIVE DETAILS – REPRESENTATIVE / ASSESSOR TO COMPLETE

The consent was obtained from the client's **confirmed** authorised My Aged Care representative.

**Authorised Representative Full Name** *(exactly as it appears on the representative's Medicare card or DVA concession card, where applicable)*

[illegible]

Date of Birth:     /     /     (DD/MM/YYYY)     Aged Care ID\*:

**On behalf of client:**

**Client Full Name** *(exactly as it appears on the Client's Medicare card or DVA concession card, where applicable)*

[illegible]

**Client** Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY) **Client** Aged Care ID\*: \_\_\_\_\_

## 6. ACKNOWLEDGEMENT<sup>6</sup> – ASSESSOR TO COMPLETE

I, \_\_\_\_\_ of the \_\_\_\_\_  
(ASSESSOR NAME) (ASSESSMENT ORGANISATION)

have read out the scripts to the:

☐ **Client** (named at Section 4). In my good judgement there was nothing to suggest the client lacked capacity.

**OR**

☐ **Authorised representative** (named at Section 5) on behalf of the client.

They have acknowledged that the script has been read out to them. They have provided their consent to proceed according to their instructions in Section 3 of this form.

**Assessor Signature:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_\_\_ (DD/MM/YYYY)

*(Sign, type or insert digital signature)*

<sup>5</sup> Record additional instructions relating to the outcome of any tailored conversations with the client (or their authorised representative) in the My Aged Care client notes.

<sup>6</sup> Select either client or authorised representative. Record