

TIP SHEET No.5

INFORMED CONSENT TEMPLATE

Please note: this document is a template only. Adapt the template to suit the type of digital service, organisation and needs of consumers using your service.

Informed Consent Form

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1. I understand how the digital service will work in my situation. I understand how to use the technology needed as part of this digital service.
 2. I can make choices about the digital service, including:
 - a. I can request a mixture of digital services and services in person.
 - b. If the digital service does not meet my personal needs, I will be given a choice about what to do next. Alternative options to this digital service have been explained to me.
 - c. I can change my mind and stop using this digital service at any time, including in the middle of a session. This will not affect my right to ask for, and receive, a quality service.

Potential benefits and risks

3. I understand the possible benefits of this digital service, including:
 - a. avoiding the need for me to travel to receive this service
 - b. reducing the waiting time for this service
 - c. access to this service when I cannot attend appointments in person.
4. I understand the possible risks of this digital service, including:
 - a. The digital service may not be the same as a face-to-face service, and there may be a risk of miscommunication.
 - b. A risk of being overheard by people near me and that I am responsible for using a location that is private and free from distractions or intrusions.
 - c. There could be technical problems that affect the service.
 - d. This service uses reasonable efforts and safeguards to protect my privacy and confidentiality. However, it cannot guarantee total protection against the session being intercepted or unauthorised access of my stored data. This risk is small, but it does exist.

Emergency situations

5. I understand that in the case of an emergency, the staff member can contact the person I have named as my emergency contact.
6. I understand that the staff member will make reasonable efforts to find and provide me with emergency resources in my local area. I understand that the staff member may not be able to assist me in an emergency. If I require emergency care, I understand that I may call 000 or go to the nearest hospital emergency department for immediate help.



Privacy and confidentiality

1. I understand how my data will be collected, stored and managed. The privacy and confidentiality protections used by this service have been explained to me.
2. I understand that some platforms allow for video or audio recordings. The staff member and I cannot record the sessions without the other person's written permission.
3. I understand that my personal data and records from this digital service will not be used for any other purpose without my permission.

Support people and other participants

4. I have been given the choice of whether a support person will participate. I understand how that support person can participate in this digital service.

I agree to have _____ with:

Name of Consumer:

Signature of Consumer

Date:

Verbal consent

_____ reviewed the Informed Consent Form with the Consumer. The Consumer understands and agrees to the above points, and Consumer has verbally consented to receiving the digital service from _____.

Staff signature

Date:

Additional Consent for Recording Video or Images

I agree to have this video consultation recorded, or to have photographs taken. This material will be sent and stored securely and only used to benefit my health care.

I have the right to see the video or images, and to receive a copy for a reasonable fee. I understand that the service cannot guarantee total protection against unauthorised access of the recording by third parties.

Staff signature

Date:

