

Place label here

Parent

Parent's Name: _____ DOB: ____/____/____

Children

Child's Name: _____ DOB: ____/____/____

Child's Name: _____ DOB: ____/____/____

Child's Name:: _____ DOB: ____/____/____

Address: _____

Phone: _____

Email: _____

About our services

Karitane delivers parenting services to families. We provide holistic support based on the individual needs of each family. We work as a team of child and family nurses, social workers, psychologists and medical officers. Our services include parenting support delivered through parenting centres, residential services, and specialised clinics. All our staff are bound by professional ethical standards and privacy laws.

How we share your health information

In order to provide high quality care, Karitane may need to share your health information with other health professionals. Your health information may also be used to help us to improve our services. All your information is kept in a secure and confidential client file. We are a teaching organisation and we may also share your health information with students involved in your care. All staff and students at Karitane are bound by privacy legislation. Where there are **child at risk** issues, staff are legally obliged (Section 16A – Child and Young Persons Act 1998) to inform Community Services and share information with relevant health professionals and organisations to support the safety of children.

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Created: 2009	Reviewed: Feb, April, June, September 2015, September 2018, June 2019	Next review May 2022

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Consent to Participate and to Share Information

1. I am the parent / legal guardian of the child/children listed above.
2. I agree on behalf of myself and the child/children listed above to participate in Karitane's services.
3. I have received a copy of the Karitane statement of Rights and Responsibilities & Privacy Leaflet.
4. I acknowledge that information about me and the child/children named above may be shared with other health care workers to coordinate our care and to make referrals to other health and welfare services for our ongoing care and support.
5. I understand I have the right to withdraw my consent at any time.
6. I consent to Karitane:
 - a. Providing a summary of my admission to the agency that referred me to Karitane.
 - b. Using my health information for the evaluation and planning of its services.
 - c. Contacting my G.P for follow-up care.
(Name/ Contact of parents G.P: _____)
 - d. Contacting my psychologist / counsellor/ other:
(Name/ contact of psychologist / counsellor: _____)

Parent / guardian name and signature:	Date:
Verbal consent given (if applicable) I have explained the terms of this Agreement and Consent to the client. I am satisfied that the client understands this Agreement and Consent, and consents to participation and the sharing of health information as set out above. Staff name, signature, designation:	Date:
Interpreter name and signature:	Date: