



## Consent Policy and Procedures

### Legislation and References

- Guidelines on Privacy in the Private Health Sector, Office of the Federal Privacy Commissioner, 2001.

### Policy

The issue of informed consent is recognised by Addlife Health as a challenging area due to the functional limitations of some of our participants. Addlife Health has identified the need to obtain consent and agreement from our participants for the following activities:

- understanding of, and agreement to, the terms and conditions of the NDIS Service Agreement
- commencement of the Services outlined in the Support Plan
- seeking and disclosing information with other service providers and pertinent others
- taking and use of photographic/video materials by Addlife Health for use in participant related records
- participation in Participant Satisfaction Surveys and Quality Management Activities

Addlife Health recognises the rights of the participant to limit their consents or withdraw consents at any time.

Participants will have their consents clearly documented on their Service Agreement and Support Plan where it is accessible to those working with them.

### Outcome

Consent is appropriately sought and given by the participant or their substitute decision maker. Consent is appropriately documented and stored for all participants receiving services from Addlife Health.  
No breach in consent occurs

### Procedures

**Consent to Partake in Initial Assessment** the Addlife Health Intake Checklist used by the staff member taking the new referral includes obtaining verbal consent from the participant or their substitute decision maker to undergo the Initial Assessment and for the associated fees to be claimed through the participant's NDIS account. This verbal consent is recorded on the participant's file.

**Consent to seek and disclose information to others** At the time of the Initial Assessment the participant will consider the consents contained in the NDIS Service Agreement. One of these consents is for sharing information with and obtaining information from other Service Providers and pertinent others. The participant can choose to provide limited consent e.g., choose for information not be shared with certain Service Providers.

This consent is stored on the participant file and is referred to prior to information being sent or information being sort.



**Consent to proceed with services** At the time of the initial assessment the Addlife Health allied health professional (AHP) will discuss planned services and any risks associated with the planned services. Participants are given the opportunity to ask questions until they understand and are satisfied with the explanation of the answers.

Participants are requested to sign a Service Agreement which includes a consent section that includes the consent for services to be provided.

Participants are informed they can withdraw their consent for services at any time.

**Consent to use photographic/video materials for use in participant related records** Participants are requested to sign a Service Agreement which includes a consent section that includes the consent for taking photographs for the purpose of therapy and inserting in reports if required

**Consent to participate in Participant Satisfaction Surveys and Quality Management Activities**

Participants are requested to sign a Service Agreement which includes a consent section that includes the consent for participating in Client Satisfaction Survey and Quality Management Activities.

Participants are informed of their right to refuse consent.

Participants are informed of their right to withdraw consent at any time.

Participants are informed their decision not to partake in Participant Satisfaction Surveys or Quality Management Activities will not change or jeopardise the services they receive from Addlife Health.

**Storage of Consent** The range of consents is part of the Service Agreement form.

All Service Agreement forms are safely electronically stored and attached to the participant record.

**Consent to use participant's photographic/video materials for marketing or external use**

Patients general consents **do not** include consent to use photographs or video material of participants for marketing or non-participant related reports. In the event this consent was being sought a separate consent would be used and documented specifying the details of the marketing project or report. This consent would be stored as above and attached to the participant record.

**Signing of Consent** Participants who are physically unable to sign their own consent but have the ability to determine their consent can provide verbal consent which is documented on the service agreement.

Give consideration as to whether or not they need to have a witness present when giving verbal consent or if you record their verbal consent with their consent – gets complicated! Make changes to this policy to reflect your decision.

**Staff Training** Staff are inducted on the various consents and the documentation of consent at induction and then annually or as required.

**Substitute decision makers** There are several conditions or situations in which patients or clients may have limited competence or capacity to make independent decisions about their health care; for example, people with dementia or acute conditions that temporarily affect competence and children or young people, depending on their age and capacity (see Section 3.5 Informed consent of <file:///C:/Users/Physio1/Downloads/Physiotherapy-Board---Code-of-conduct.PDF>).

**Informed consent:** Informed consent is a person's voluntary decision about healthcare that is made with knowledge and understanding of the benefits and risks involved. A useful guide to the information that practitioners need to give to patients is available in the National Health and Medical Research Council (NHMRC) publication General guidelines for medical practitioners in providing information to patients ([www.nhmrc.gov.au](http://www.nhmrc.gov.au)). The NHMRC guidelines cover the information that practitioners should provide about their proposed management or approach, including the need to

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provide more information where the risk of harm is greater and likely to be more serious and advice about how to present information.

### Overview

Only some states have specific legislation on consent in health services.

“10.58 The law on decision-making in health care is complex. Inconsistency in language, and different tests of decision-making capacity and processes across the jurisdictions may cause difficulties for health service providers and consumers.”

Extract from Australian Law Reform Commission 20 May 2011

<https://www.alrc.gov.au/publication/equality-capacity-and-disability-in-commonwealth-laws-dp-81/10-review-of-state-and-territory-legislation/informed-consent-to-medical-treatment/>

### Age of Consent

Important to note that the age that a child can give consent varies from jurisdiction to jurisdiction. Across most of Australia it is under 18 but in SA & NSW children 16 (or even as young as 14 in some circumstances) can make decisions.

<https://www.racgp.org.au/download/documents/AFP/2011/March/201103bird.pdf>

### Resources

*AHPRA Code of Conduct has been developed by most National Boards like Physiotherapy under section 30 of the National Law to obtain informed consent while working with clients*

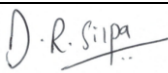
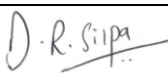
<https://www.physiotherapyboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx>

<file:///C:/Users/Physio1/Downloads/Physiotherapy-Board---Code-of-conduct.PDF>

**WA** Acts Amendment (Consent to Medical Treatment) Act 2008

[https://www.legislation.wa.gov.au/legislation/statutes.nsf/law\\_a146674.html](https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_a146674.html)

[https://www.legislation.wa.gov.au/legislation/statutes.nsf/law\\_s42392.html](https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_s42392.html)

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