



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____		M.O.
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

NSW RHEUMATIC HEART DISEASE REGISTER CONSENT
 (For patients 14 years and above – not for Guardianship Act purposes)

Provision of information to patient *To be completed by the health care practitioner*

- I have discussed the rationale and implications of enrolling in the NSW Rheumatic Heart Disease (RHD) Register in a way the patient understands and I am satisfied the patient has been provided with sufficient information to provide a valid consent noting that:
- the patient has been provided with information in a way that they understand and appropriate communication aids provided where necessary e.g. interpreter;
 - the patient has been given information about rheumatic fever and rheumatic heart disease;
 - the patient has had the opportunity to seek further information and appropriate explanations have been provided.

Verbal consent should only be relied on where the patient does not wish to sign but wishes to be included on the NSW RHD Register.

- Patient has provided verbal consent to be included on the NSW RHD Register.
- The patient agrees to be included on the NSW RHD Register and agrees to their health information being used and disclosed for the purpose of the NSW RHD Register.
 - I have documented their verbal consent on their medical record and it will be noted on the NSW RHD Register.

Name of Health Care Practitioner: Designation:

Phone: Email: Signature: Date:/...../.....

Interpreter Present: Yes No

...../...../..... :

Name of Interpreter Signature of Interpreter Date Time

Patient consent *To be completed by Patient*

- I have been given information on the NSW RHD Register and had it explained to me in a way that I understand. I understand the purpose of the NSW RHD Register and that my information may be used and disclosed for the purpose of the NSW RHD Register. I agree to be included on the NSW RHD Register. I have had the opportunity to ask questions and received satisfactory answers.
- I understand that:
- My name and contact information will be included on the NSW RHD Register.
 - My name and contact information will be given to healthcare workers directly involved in helping me manage my illness.
 - If I move or travel to other states or territories, my information can be passed on to RHD registers in those areas for the purpose of providing me with follow-up treatment and care relating to my illness.
 - Information about me that does not include my personal details will be sent to a national information system to monitor and report on rheumatic heart disease in Australia.
 - Information on the NSW RHD Register may be used and disclosed in other lawful circumstances.
 - I can withdraw my consent for the NSW RHD Register at any time by talking to my doctor.
- I agree that Medicare Australia can be contacted and NSW health records used to find updated contact details for me.
- I am:
- Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander
- Neither Aboriginal nor Torres Strait Islander

Name of Patient: Signature: Date:/...../.....

Please retain the original copy of the form on the health care record and return a copy to the NSW RHD Coordinator at Health Protection NSW by fax to 02 9391 9189 or email rhd@doh.health.nsw.gov.au



SMR020161

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH700186A 300316

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