



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

D.O.B. ____/____/____

M.O.

ADDRESS

NSW RHEUMATIC HEART DISEASE REGISTER CONSENT

(For parents/guardians of patients less than 16 years of age)

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Provision of information to parent/guardian

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's parent/guardian understands and I am satisfied the parent/guardian has been provided with sufficient information to provide a valid consent noting that:
- the patient's parent/guardian has been provided with information in a way that they understand and appropriate communication aids provided where necessary e.g. interpreter;
 - the patient's parent/guardian has been given information about rheumatic fever and rheumatic heart disease;
 - the patient's parent/guardian has had the opportunity to seek further information and appropriate explanations have been provided.

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

- The patient's parent/guardian has provided verbal consent to include the patient on the NSW RHD Register.
- The patient's parent/guardian agrees to include the patient 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

Consent of parent/guardian

To be completed by parent/guardian

- 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 the patient's information may be used and disclosed for the purpose of the NSW RHD Register. I agree that the patient can be included on the NSW RHD Register. I have had the opportunity to ask questions and received satisfactory answers.

I understand that:

- Their name and contact information will be included on the NSW RHD Register.
- Their name and contact information will be given to healthcare workers directly involved in helping me manage their illness.
- If they move or travel to other states or territories, their information can be passed on to RHD registers in those areas for the purpose of providing the patient with follow-up treatment and care relating to their illness.
- Information about them that does not include their 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 their doctor.

- I agree that Medicare Australia can be contacted and NSW health records used to find updated contact details for the patient.

The patient is:

- Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander
 Neither Aboriginal nor Torres Strait Islander

Signature: Date:/...../.....

Name of parent of patient (if signed by parent):

Name of guardian (if signed by guardian):

Relationship to patient (if signed by guardian):

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



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

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