

CONSENT FORM

Purpose: to record freely given informed client consent for the collection and storing of personal information including health information for Maternal and Child Health services.

Child's Name: _____ Date of Birth: / /

MCH Centre: _____

Written Client Consent Verbal Client Consent

The maternal and child health nurse has discussed with me how and why certain information about me and my family may be collected and stored for the provision of Maternal and Child Health Services. I understand that this information will be handled in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001.

First Name:	Last Name:
Signed:	Relationship:
Date: / /	Contact Number:

Universal MCH Service Enhanced MCH Service

Written/verbal consent obtained and witnessed by:

First Name:	Last Name:
Signed:	Position: Moira Shire MCH Nurse
Date: / /	Contact Number: 03 5871 9222

To ensure that clients or their authorised representative can make an informed decision about consenting to the provision of services by the Victorian Maternal and Child Health Service as detailed above, the maternal and child health nurse should (tick when completed):

Discussed and explained the collection and storage of the client's information on the Victorian MCH service client management system – CDIS/IRIS. Where appropriate, discussed the possibility that information may be stored in Patchwork for the communication and collaboration of practitioners/workers.

Discussed and explained that the client's information will only be shared with other services/agencies if the client has agreed and, when referring, advised that referral for services can still proceed if the client does not want information disclosed*

Provided the client with information about privacy, such as the Victorian MCH service privacy information fact sheet "What happens to information about you and your family?"

The personal and/or health requested on this form is being collected by Moira Shire Council for the purpose of Maternal and Child Health Care Services. The information will be used solely for the purpose it was collected and/or directly related purpose. Council may disclose this information to other organisations if required by law. If you do not provide this information, Council may not be able to provide Maternal and Child Health Care services to you and your family. You can find out more about how we use and protect your information by viewing our Privacy Statement on our website - www.moirá.vic.gov.au. If you require access to the information you have provided, please contact Council.