

Resident Authority Forms

Privacy Statement

Resident Name: _____ Date of Birth: _____

This form represents a consent form to collect, hold, use and disclose personal information of residents / clients for the purpose of providing residential aged care.

Privacy Act 1988 (Cth) Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)

In order that our centres as Health Care Providers can provide you with the quality care/services outlined in your Residential Agreement with us, we collect from you or your designated representative, particular details which may include:-

[Name / Date of Birth / Whether you are a person of Aboriginal or Torres Strait Islander origin / Country of birth / Current Address / Next of Kin / Person Responsible / Entitlement details including Medicare, Pension, health care funds / Medical history / Social history / Religion / Clinical information / Financial and Billing information / Medication Charts / ACCR Referral Form / Residency Agreement / other information required to provide appropriate care and services]

The purpose of this form is to advise you that you may obtain access to the information we hold on you at any time. We also seek your consent to the intended uses and disclosures of that information where appropriate to:

- Other Health Professionals
- Australian Department of Health National Quality Indicator Programme
- My Health Record
- Australian Department of Social Services
- As required by other Commonwealth and State legislation
- To the person you have designated as the “person responsible” for giving and accessing your information
- To the person(s) paying or guaranteeing payment of your account.
- As required to any third party including external service providers, collection agencies and Legal firms required to obtain payment of your account under this agreement
- We may display the Care Recipient name and/or Photograph in Care Recipient room, Medication Chart, Medication Folder, Clinical documentation system.

It is also important that we outline here what the main consequences may be if you do not provide all, or part, of the information requested:

- Our organisation may be unable to provide appropriate services and care
- Our organisation may be unable to meet individual requirements of the care recipient

I, the undersigned understand that I have been provided with this Privacy Consent Statement and approve the collection and usage of my personal information including sensitive health information from all practical sources including my family, doctor and hospital and consent to the collection, holding, use and disclosure of such information where necessary to meet my needs.

Signed at: _____ Date: ____/____/____

Name: _____ Witness Name: _____

Signature: _____ Witness Signature: _____

Resident Consent Form

Resident Name: _____

1. I do fully and freely consent for the resident to be photographed for identification purposes. I understand that these photographs may also be used for display within the centre, newsletters, social media and Ibis Website which will be circulated internally and externally, or included in marketing material. They may be used as reproductions or adaptations in part, alone or in conjunction with any wording and/or diagrams.
 - I understand that copyright of the photographs remains with the centre and that I do not have any interest in the copyright of the photographs. I understand that this material may be used indefinitely.
 - I understand that no remuneration or compensation will be payable to the resident.
2. I do fully and freely consent for the resident to participate in the following:
 - Bus Outings / Individual Outings (supervised)
3. I do fully and freely consent for the resident to participate in Individual Outings without staff supervision, e.g. walking to shops, etc. Subject to change in medical and/or mental condition, this Consent will be reviewed and a Risk Consent Form may need to be signed by the Person Responsible.

Name: _____

Relationship to Resident: _____
(e.g. Person Responsible – only if not resident)

Signed: _____

Dated: _____

Change in Resident Care Needs

The aged care centre has Services which provide care for residents with various care needs. Our model of service promotes Ageing in Place. From time to time the centre manager and care staff will need to assess the resident's care needs and will implement the following resident relocation policy in consultation with the resident and their representative.

We will negotiate a change of room within the facility:

- *If the resident's condition deteriorates to a point where it is compromising the Work Health and Safety of the care staff.*
- *If the resident exhibits behaviour that interferes with other residents' quality of life.*

Other circumstances

If we are unable to meet the resident's needs within the centre, in accordance with the *Aged Care Act 1997* and the *Aged Care Principles 2014*, we will negotiate with you/your representative to find suitable accommodation that meets the resident's needs.

I, the undersigned, have had the above policy explained to me and understand that from time to time the centre manager and care staff will need to assess the resident's care needs and will implement the above resident relocation policy in consultation with the resident and their representative.

Resident Name: _____

Person Responsible: _____

Relationship to Resident: _____
(e.g. Person Responsible – only if not actual resident)

Signed: _____

Dated: ____/____/____



Resident Authority Forms

Laundry Labels Order Form

To help our staff to keep track of your clothing, it is a requirement upon entry to an aged care centre that all items of clothing are labelled with the resident's name. It is compulsory that all clothes are labelled even if you wish to do the laundry outside the centre. If you wish to provide your own labels you can do so prior to admission with the Resident's clothing to reception before admission day. If the label comes off in the laundry process, Ibis Care will take it to lost property onsite where residents and families can identify and collect their missing items for approximately one month.

If you would like Ibis Care to label the clothing with professional grade labels that are heat sealed onto the clothing please let us know. These labels last approximately 2 years and the process does not harm the garment, and are printed by computer in indelible ink.

Ibis Care need your consent via this form to order the labels and apply them to the clothing for you. Please be aware we do not dry clean clothing, you would need to source this independently outside of the home.

Ibis Care do not take responsibility for the laundering of any delicate clothing items or for any damage caused by our onsite laundry service in the process of cleaning resident clothing.

Name of resident:
Aged Care Centre:
Date of admission:
Name: _____
Signature: _____



Resident Authority Forms

Hairdressing Services at The Palms

I hereby give consent for _____ to be provided with the services of the visiting hairdresser at IBIS Care Homes.

I understand that all fees for services will be billed to the resident's nominated account unless alternative details are provided.

Hairdressing Services Provided	Service Fee
Ladies trim	\$20
Gentlemen's trim	\$15
Ladies cut and blow wave	\$35
Wash and blow dry	\$25
Perms	\$65
Treatment	\$10
Semi-colour	\$30
Tint	\$45 (depending on hair thickness)

Note: No cash money will be accepted for these services.

Name: _____

Signature: _____

Date: _____



Talent Release Form

I hereby grant permission to IBIS CARE to use photographs and/or video and/or audio of me taken on *(date)* _____ at *(location)* _____ in marketing, printed collateral, publications, media releases, social media, digital/ online and in any other forms of marketing or communications material related to IBIS CARE.

I understand that this release is ongoing, and I may only revoke this authorisation by notifying IBIS CARE in writing. The revocation will not affect any actions taken before the receipt of the written notification. Images/ video/ audio will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as relevant and after that time deleted or archived.

By signing this release form, I understand and agree to the aforementioned terms and conditions.

Signature of Adult

Name: _____

Address: _____

Phone: _____

Email: *(optional)* _____