

Consent Forms

Please tick **Yes** or **No** for each item:

1. Do you consent to clinical photographs (e.g., wound, stoma etc.) being taken and stored in your health record for the purpose of timely recording and management of your clinical and personal care?
 Yes No
2. Do you consent to all or relevant information about your care, including clinical photographs (e.g., wounds, stomas etc.) being accessible to your nominated doctor, referring health practitioner, specialist, and any other person involved with your ongoing care management?
 Yes No
3. Do you consent to your photograph being taken and used as identification on all relevant documentation, and permit your photograph to be accessible to all care staff, pharmacy, police, ambulance, and fire services as required, understanding that the photograph may be updated on a six (6) monthly basis?
 Yes No
4. Do you consent to the service provider collecting statistical information about you for the sole purpose of service improvement, noting that information collected will not include any identifying data?
 Yes No
5. Do you consent to the service provider collecting statistical information about you for the purpose of complying with the Australian Government Department of Health National Quality Indicator Programme?
 Yes No
6. Do you consent to your photograph being taken and displayed by the service provider on the home's social media platforms and newsletters, as well as around the home's public areas such as noticeboards, boxes in the home, resident name boards, room doors, and dining tables?
 Yes No
7. Do you consent to the provider taking and displaying your photograph along with your name for marketing and advertising purposes? I understand that no remuneration or compensation will be payable to the resident. 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 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.
 Yes No
8. Do you consent to authorise the service provider to upload documents to your My Health Record? (Note: This question is only required if My Health Record is enabled for the service provider. If the consumer chooses NOT to consent, the function to upload documents will be disabled.)
 Yes No
9. Do you acknowledge that you have read or had explained to you, and understand, the contents of the RMMR Service Information Statement, and do you consent to receive the Residential Medication Management Review (RMMR) Service and to the collection of your personal information by the Pharmacy Programs Administrator and the Australian Government Department of Health and Aged Care to enable the pharmacy to claim a payment for the delivery of that service and for program monitoring and evaluation purposes?
 Yes No



10. Do you consent to receiving a Monthly Care Statement which outlines the care and services you have received?

Yes No

How would you like to receive your Monthly Care Statement?

Email Printed Other: _____

I consent to receive the Monthly Care Statements personally or Consent for Others to Receive My Monthly Care Statements

I consent for the following people to receive my Monthly Care Statements:

Name: _____ Relationship: _____

Email address: _____

11. I do fully and freely consent for the resident to participate in the following:

- Bus Outings / Individual Outings (supervised)
 Yes No
- Individual Outings without staff supervision (e.g., walking to shops, etc.)
 Yes No

(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. Also note that there is a cost associated with bus outings. This consent is not an agreement to purchase bus outings. A Higher Everyday Living Purchase Form will be processed in conjunction with residents or their supporters when agreeing to pay for bus outings).

Laundry & Resident Clothing

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 and we will provide you with a purchase form. These labels last approximately 2 years and the process does not harm the garment, and are printed by computer in indelible ink.

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.

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.

Acknowledgment of the above forms:

Resident Name: _____ Resident Signature: _____
Date: _____

Supporter (if applicable): _____ Relationship to Resident: _____

Supporter Signature: _____ Date: _____