

# Service Coordination: Tool Templates

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Guideline 5: Completing Consumer Consent

May 2002

## Acknowledgments

The Service Coordination Tool Templates and guidelines have been developed as part of the Primary Care Partnership Strategy. Primary Care Partnerships (PCPs) are currently developing an integrated approach to service coordination through the implementation of shared practice, processes, protocols and systems across member agencies.

Local service coordination practice will be supported through agency implementation of the Service Coordination Tool Templates which are designed to support Initial Contact, Initial Needs Identification and Care Planning and sharing of health and care information (such as referral) between service providers.

It is important that appropriate practice implemented by PCPs in combination with the Service Coordination Tool Templates Guidelines determine how the Service Coordination Tool Templates are used.

The Department of Human Services contracted the Australian Institute for Primary Care at La Trobe University and HDG Consulting to develop Initial Needs Identification and Care Planning tools for agencies and practitioners involved in PCPs.

Other members of the consortium were the Centre for Health Services Development at the University of Wollongong and the Health Issues Centre.

The first four of these forms and guidelines were prepared by the Centre for Health Service Development, University of Wollongong, May 2002. The Consumer Consent Form, Guidelines and Consumer Information Brochure were prepared by the Department of Human Services.

We would also like to acknowledge the efforts of service providers and workers who have participated in the Tool Template pilots and provided invaluable feedback to support and validate the development of the Service Coordination Tool Templates and these guidelines.

Department of Human Services, May 2002.

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# 5.1 Overview

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## 5.1.1 About the Consumer Consent Form

This is the fifth of five guidelines in the Service Coordination Tool Template suite. This guideline is designed for those completing the Consumer Consent form.

The Consumer Consent form should be completed to obtain consumer consent to specified use/disclosure of information.

## 5.1.2 Overview of the Service Coordination Tool Templates

This document is part of a set of five guidelines for completing the Service Coordination Tool Templates. This set includes a complementary Consumer Consent Form and guidelines (Guideline 5). This is obviously part of a larger process that staff undertake in IC and INI, and it may prompt referral and/or further assessment, and lead on to provide information useful to complete a Service Coordination Plan using the form (form 4) described in Guideline 4.

Issues relating to assessment (service specific, specialist and comprehensive) are not included. Table 1 describes the scope of the activities covered by these tools and summarises the distinction between the IC, INI and various types of Assessment and Care Planning. These distinctions essentially relate to the depth and breadth of the information sought from the consumer.

**Table 1: Service Coordination Elements**

Activity	Depth	Scope	Used for Referral Purposes?	Current Status
<b>INITIAL CONTACT (IC):</b>				
Consumer Information	Shallow	Narrow	Yes	Required
<b>INI:</b>				
Consumer Information	Shallow	Narrow	Yes	Required
Summary and Referral Information	Shallow	Narrow	Yes	Required for all referrals and should be used for INI summary functions
Supplementary Profiles	Shallow	Broad	Yes, where relevant	Optional, to be used at discretion of the professional, except in the case of HACC referrals where the living arrangements and functional profiles should be used (both to make and receive a referral)
<b>Assessment:</b>				
Service specific*	Deep	Narrow	No	Out of scope
Specialist*	Deep	Narrow	No	Out of scope
Comprehensive*	Deep	Broad	Yes, where relevant	Out of scope
<b>Care Planning:</b>				
Service Coordination Plan	Deep	Broad	Yes, where relevant	Should be used with consumers with both multiple agency involvement and complex needs

\*Indicates activity is **not** covered by the current suite of Service Coordination Project tools.

There are five guidelines in this series:

Guideline 1: Completing Consumer Information

Guideline 2: Completing the Summary and Referral Information

Guideline 3: Completing the Profiles

Guideline 4: Developing a Service Coordination Plan

Guideline 5: Completing Consumer Consent

This introduction and summary of key points is included in each section to make them mostly self-contained.

## Overview of the Service Coordination Tool Templates

The **Consumer Information** form contains a core set of items designed to collect demographic and social details about individual consumers. The **Summary and Referral Information** form records a summary of the consumer's problems/issues and outlines an initial action plan. It can be used for referral. There is also a one-page **Consumer Consent** form that provides a uniform approach to obtaining consumer consent for sharing information in compliance with the *Health Records Act 2001*.

The five **supplementary profiles** allow further information to be collected on those areas relevant to the consumers' circumstances and presenting problems. Not all profiles will be relevant for every consumer and, in some cases, some specific information within a profile will not be required. In these cases, simply record NA (not applicable) or code 99, depending on the instructions on the top of each page. The final form in the series is a **Service Coordination Plan** form to be completed for those consumers with both multi-agency involvement and complex needs.

Each PCP will need to develop its own protocol (who, what, when, how) for collecting and sharing information using the Service Coordination Tool Templates. It is likely that many of the items in the Consumer Information form will be collected during the initial contact with the consumer or the person referring the consumer. Some items, however, may not be collected until the first time a consumer is seen by a clinician. The content and purpose of the different components are summarised in the following table:

**Table 2: Purpose of the Service Coordination Tool Templates**

<b>Component</b>	<b>Purpose</b>	<b>Pages</b>
<b>CONSUMER INFORMATION</b>		
p.1	Demographic and social details of the consumer, contact person/s and GP, and how the information was obtained	CI p.1 of 2
p.2	Codes to record source of referral, other demographic information and benefits, entitlements and insurance status	CI p.2 of 2
<b>Summary and Referral Information</b>		
p.1	Summary of presenting problems and a text box to record other relevant information	SRI p.1 of 2
p.2	Describes current services used in last three months, and proposed initial action plan. Completed at the end using information from other profiles if appropriate.	SRI p.2 of 2
<b>Supplementary Profiles</b>		
Living Arrangements	Codes and comments for living arrangements, legal, financial and employment, carer profile	LA 1 of 1
Health Conditions	Overall health, pain, vision hearing and falls, list of conditions and medications.	HC 1 of 1
Psychosocial Profile	Covers mental health, wellbeing, social and family supports and disability criteria	PP 1 of 1
<b>Functional Profile</b>		
p.1	Functional screen for activities of daily living and self-care	FP 1 of 2
p.2	Screening questions for cognitive and behavioural problems, with prompts for further assessments	FP 2 of 2
Health Behaviours	Screen for risk factors, nutrition and physical activity, with prompts for further investigation	HB 1 of 1
<b>Developing a Service Coordination Plan</b>		
p.1	Key worker, review date, participants' list, evidence of assessment of need, case conference/date and information given to consumer	SCP 1 of 2
p.2	Action plan for each goal including dates, action, review date, who is responsible	SCP 2 of 2

The tools are designed so that the first two pages (the Consumer Information form) cover the core consumer information that should be collected on all consumers. The next form (two pages) is for a summary of the action to be taken. The core INI process thus consists of two forms over four pages and includes:

- **Consumer information** which is information about the consumer, other agents and their GP and information with codes for categories to cover demographic details, benefits and entitlements, and insurance status. The Notes box at the top on page 2 has space for comments that can be used for information on risk and urgency.
- **Summary and referral information** to record why the consumer is seeking services, describe the problem or issue as identified by the consumer or referring agency, describe other issues as identified by the consumer or in the INI process. Record current services and an initial action plan including listing the agency/health professional to receive the referral, the reason, whether consumer consent has been obtained, the referral method, whether feedback is required and the date.

The Summary and Referral form is informed by any relevant detail from the additional profiles that are used for the particular consumer or from the areas usually investigated by a particular agency or clinician. These are either used or left out depending on the consumer's presenting problems or as a result of any issues arising during the initial contact. As a result this page will usually be completed at the end and is used as a basis (in conjunction with subsequent assessments and care plans) for putting together the Service Coordination Plan (if required).

The Summary and Referral form may be used in a duplicate fashion to cover multiple problems with differing levels of confidentiality requirements. It can be used if the information is sensitive and not to be shared, in which case the interviewer can complete a separate copy of page 2 for each issue. For example there may be two issues—seeing the dentist and getting referred to a sexual assault service—and it may not be relevant or necessary to share all information for both referrals.

The **Profiles** are completed **only** if they are relevant to the client's presenting problems and needs and after the core information has been collected. The core information is recorded in the Consumer Information and Summary and Referral components. The assumption is that the next stages of referral, assessment or care planning, or service coordination, is a continuation of that process, and that the core consumer information will therefore already be available.

There are five supplementary profiles. The five supplementary forms cover profiles of living arrangements, health conditions, psychosocial factors, a functional screen and health behaviours. These are domains that can be investigated at the discretion of the contact worker and depending on the nature of the consumer's problem. In some cases, there will be no need to complete any of these supplementary domains. However, for consumers with complex needs, contact workers may choose to use several forms to identify their initial needs.

### **Complete only those profiles that are relevant for the consumer**

The Profiles are not a structured interview. Do not ask consumers about issues in the order that they are listed if they are inappropriate in the context. The Profiles are designed to be completed based on all sources of information available to the person completing them (observation, information contained in a referral letter, consumer notes or information provided to you by a carer or referring agency). Record NA for any issues that you have either not canvassed or that are inappropriate for the consumer unless otherwise instructed. The design of the set of profiles assumes that children and adolescents will be directly referred for a relevant assessment to be completed.

The Profiles are not designed as a diagnostic tool, nor are they considered to be an assessment. They are tools to help determine the consumer's risk, eligibility, priority for service and health promotion opportunities as early in their contact with the service system as possible.

This set of optional domains has been chosen by combining evidence from the literature, a review of the range of forms currently in use, and consultations with the field on different draft versions of data collection tools. They can be used to further investigate the scope of the consumer's needs at the initial contact point.

The Living Arrangements and Functional Profile forms should be completed for all consumers requiring Home and Community Care (HACC) services. These two profiles contain HACC minimum data set (MDS) items and the collection of this information during the INI process will mean that the information will not need to be collected at a later time. The remainder of the HACC MDS will be collected at the assessment stage.

The Service Coordination Plan form brings together all the different information that is useful for service coordination for those consumers that require this level of intervention. It covers the contact details of the key worker and other participants, a series of prompts for the collation or collection of evidence of consumer needs, a description of the consumer's problems/issues and associated goals, and the current required approach to consent and information disclosure as part of planning. The Service Coordination Plan is only completed for those consumers with both multiple agency involvement and complex needs.

The use of the term 'consumer' refers to the person for whom the INI form relates. Consumer is used in all cases, except where there is another term used in a MDS (for example, 'care recipient' is a HACC MDS term) or in validated questions from other sources (for example, person or client).

## Design Issues Common to All Forms

Each page of every form has the same space at the top for an agency-assigned consumer identifier to be recorded and a space at the bottom for identifying the person and agency completing the form. There is also a box for recording at a later time that the information on the page has been superseded and updated. This allows the superseded information to be kept as a historical record in the file.

## Information Superseded

Each page has a box on the bottom to record if the consumer's situation has changed. If new issues or problems are identified after a page has been completed or an INI process has been completed, subsequent presenting issues or changes to consumer information should be recorded on a new page. The new page is used to record any changes or additions, not to repeat issues recorded on the previous form. Indicate on the existing form that the information on the page has now been superseded. This will indicate to other health professionals that a new page has been created. Do not change the original record as the original record forms part of the consumer history and should be stored on the clinical record.

## Using the Service Coordination Tool Templates

The Consumer Information, Summary and Referral and Profile forms used in an INI process should trigger what formal assessments or urgent services are required. Consumers should be informed about the range of service options that are available to meet their needs. This is not limited to the services provided by your own agency. Consider the wider range of services supports and resources such as for-profit services, information services, financial entitlements or other alternative services.

The design of the tool templates assumes that most of the Profiles information will not be relevant for children and adolescents. The core information, however, is likely to be relevant. A separate profile for this group is not included because it is assumed they will be referred directly for a more detailed assessment by an experienced agency or professional.

## Developing the Service Coordination Tool Templates

The selection of the content of the Service Coordination Tool Templates has been the result of a separate literature review that examined both international and Australian experience. For example, in developing a consumer assessment instrument for the National Long Term Care Demonstration<sup>1</sup>, the factors considered important included physical health, mental health, ability to perform activities of daily living, social support and participation, financial and related resources, physical environment and living arrangements, and services.

In a review of published randomised controlled trials of health assessments for older people, Byles<sup>2</sup> noted the components most commonly included in health assessments. These included the following: height/weight, blood pressure, vision/hearing, teeth or oral examination, balance and gait testing, medications, activities of daily living, instrumental activities of daily living, functional status, medical problems, nutrition, alcohol, smoking, exercise, depression, cognition, social support, service use and home environment.

Detailed references for each item selected have not been included in the guidelines, however the rationale is contained in a separate literature review and a summary statement on the source of each item is included in the guidelines.

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<sup>1</sup> An initiative to improve care for functionally impaired adults, particularly the elderly. Consumer assessment and case management used to provide care to meets individual need and control long term care expenditure.

<sup>2</sup> Byles, J. E. (2000). A thorough going over: Evidence for health assessment for older persons. *Australian and New Zealand Journal of Public Health*, 24(2), 117–123.

The design of the Service Coordination Tool Templates to be used at the entry point to services and INI involved a number of background assumptions:

- That service structures will vary according to the local setting and agency type.
- That the various intervention strategies will also vary according to local needs;
- That the data collected needs to be consistent and conform with a number of technical and ethical requirements. As much as possible, information should be recorded in a way that allows for it to be subsequently computer coded.
- That, during the pilot, the forms supporting the INI process should be designed for completion by staff. After the pilot, a consumer-completed version would be developed, with both then being available for use.
- That each consumer will be assigned a unique record number at the initial contact agency, but this is not a common statewide identifier.

The tools were developed based on a review of literature and current practice and then pilot testing was undertaken using draft tools in order to improve their usefulness. The tools developed in this process are regarded as Generation 1, with further developments and refinements being expected to occur over time.

## 5.2 How To Complete the Consumer Consent Form

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### 5.3.1 Background

The *Health Records Act 2001* Health Privacy Principle 2 (Use and Disclosure) places limits on when and how an organisation can share information. The term 'use' means using and sharing within the organisation; the term 'disclosure' means sharing outside the organisation. The essential principle is that a consumer's health information may only be used or disclosed for the purpose for which it was collected, that is the **primary purpose**. If the information is to be used for a different (**secondary purpose**), then consent should usually be obtained.

The Consumer Information form is used **primarily** for the purpose of establishing an initial set of the consumer's demographic and basic health related information. Referral to another service (either within or outside the agency) would normally be considered a **secondary purpose**.

### 5.3.2 Using the Consent Form

Therefore if, for example, the practitioner recommends that the consumer be referred to another service, it is appropriate to obtain consent from the consumer before any information transfer occurs. The practitioner should first discuss the referral with the consumer, including proposed information uses and disclosures, and provide the consumer with information about privacy. The Consumer Consent form is intended to facilitate this process and provide a means for recording consent.

The key points are that the consent must be:

- **Informed**—that is the client understands what is being consented to and for what purpose. Points 1 to 4 in the checklist at the top of the Consumer Consent form are intended to assist the practitioner to fulfil this requirement. Point 1 requires the practitioner to provide the consumer with an adequate and appropriate explanation of the proposed disclosure of information and to discuss the reasons for this, ensuring as far as possible that the consumer has a clear understanding of what is proposed.
- **Freely given**—the consumer must be made aware that they have the right to refuse consent and that this will not impact on any referral that may be made (that receiving the service is not conditional on providing consent).
- **Specific**—consent must relate to the information referred to in Section (1) and must be as specific as practicable.
- **Current**—consent must remain current and be reviewed on a regular basis. In practice this means that where a subsequent referral is being proposed then an updated consent form must be completed.

### 5.3.3 Proposed Information Uses and Disclosures

The consent for use and disclosure relates specifically to the details set out in the following columns of the table contained in Section 1 of the Consumer Consent form.

#### Type of Service

The type of service (for example, podiatry) to which a referral is proposed should be specified in this column. Stating the type of service clarifies the **purpose** for proposed disclosures. It also takes into account the fact that diverse services may be provided within a large scale agency, and differentiates between them, for example, allowing release of psychiatric records to a person's psychiatric service, but not to their podiatrist.

## Name of Agency

This column should specify the name of the Agency (for example, The Alfred Hospital) where this is appropriate.

Nominating a particular agency name enables the practitioner or consumer to specify with whom the information may be shared or to indicate a preference for a particular provider or group of providers.

## Type of Information

Complete this column in either of the following ways:

- Refer to specific sections of the Service Coordination Tool Templates, for example, pages 1 & 2 Consumer Information and pages 1 & 2 Summary and Referral Information. If this option is used the consumer must be provided with a copy of the relevant pages of the Service Coordination Tool Templates and a copy of the Consumer Consent form.  
or
- Indicate clearly the specific information to be disclosed, for example, medical information directly related to foot ailments—history of diabetes, record of falls.

This column allows the consumer to record any specific limitations on the disclosure of their health information **including** recording that they **do not** consent to some or all of their information being shared with another health provider.

## 5.3.4 Written Consumer Consent

This section records the consumer's written consent to the disclosure of particular information to specific services detailed in Section 1. Once signed and witnessed, a copy of this form should be provided to the consumer.

The following points should also be noted:

### If the Consumer Does Not Consent

Where the consumer indicates that they **do not consent** to some or all of their information being released, this should be clearly stated. There is no requirement for the consumer to sign the consent form, however the practitioner should make a record on the Initial Action Plan of the Summary and Referral Information Tool Template. The consumer should be advised that the referral for service can still proceed but that they will be required to provide the same or similar levels of information to the next provider.

### Who Can Seek Consent?

For the purpose of the INI process, the practitioner who is responsible for undertaking the initial screening should seek consent. Consent is only for the purpose of disclosing information that is relevant to the proposed referral and, therefore, only a health professional should seek consent in that context.

### Witnessing Consent

The practitioner can witness the consumer's signature to the consent. The practitioner must also print their name and designation next to their signature.

### Capacity To Consent

The consumer must have the capacity to understand the nature of what they are consenting to and the implications of providing or withholding consent. Where the practitioner is satisfied that the consumer does not have the capacity to make a decision about disclosure of their information, consent can only be sought from the consumer's 'authorised representative'.

## Definition of Authorised Representative

Section 85(6) of the *Health Records Act 2001* defines the classifications of individuals that may act as 'authorised representatives'. These are:

- Guardians.
- Attorneys under enduring powers of attorney.
- Agents under the *Medical Treatment Act 1988*.
- Administrators under the *Guardianship and Administration Act 1986*.
- Parents (in the case of a child without capacity).
- A person otherwise empowered to act or make decisions in the best interests of the person.

In all instances, proof of the representative's authority must be sighted and a copy of that document placed on the consumer's file.

## Proof of Authority

Where the authority is not conferred by a document such as a **Guardianship or Administration Order** or **Enduring/Medical Power of Attorney**, an acceptable form of proof is a properly completed and witnessed **statutory declaration** containing sufficient information to reasonably satisfy the practitioner that the nominated representative can make decisions in the consumer's best interests. Where this level of formality is not appropriate or practicable, the practitioner should clearly note on the consumer's file their reasons for believing that the nominated representative can make decisions in the consumer's best interests.

## Young People under the Age of 18 Years

The *Health Records Act 2001* does not specify the minimum age at which a young person can legally give consent. In making an assessment, the practitioner should use professional judgement as to whether the child or adolescent has the capacity and maturity to understand the nature and effect of giving or withholding the proposed consent. Age will be relevant, but not decisive (except in the case of very young children).

## Use of Interpreter

If an interpreter is required to assist the consumer to respond to the INI, then the practitioner must be satisfied that the consumer is able to clearly understand the discussion and to participate in it. This is important in relation to the terms of the consent, as clear communication and comprehension are essential to informed consent. Where it is unclear that the consumer understands the nature and implications of providing consent because of language difficulties, then the practitioner should not pursue obtaining consent (or indeed the INI discussion in general), without first engaging an interpreter to facilitate discussions.

## 5.3.5 Verbal Consent

This section provides for a record of verbal consent, and should only be completed where it is not reasonably practical to obtain written consent. For example, this will apply where the INI is being undertaken by phone. The question of whether or not it is appropriate to seek consent by phone is one that the practitioner will determine in the circumstances, including any evidence relating to the capacity of the consumer. However, if the INI indicates that the consumer would have to attend a consultation in person in order to effectively complete the screening process then the consent form should not be completed by phone, unless there is a reason for urgent referral in the meantime

# Consumer Consent

To Specified Use/Disclosure of Information

Agency Contact Details

To ensure the consumer is able to make an informed decision about consent to the disclosure of their information, the practitioner should:

(✓ tick when completed)

1. Discuss with the consumer the proposed referral to other services/agencies. \_\_\_\_\_
2. Explain that the consumer's information will only be released to these services if the consumer has agreed and advise that the referral for service can still proceed if the consumer does not want information disclosed. \_\_\_\_\_
3. Provide the consumer with information about privacy, such as the brochure *Your Information—It's Private*. \_\_\_\_\_
4. Provide the consumer with a copy of this form, once completed. \_\_\_\_\_

## Section 1: Proposed Information Uses and Disclosures

The following service(s) are recommended. It is also recommended that relevant information is forwarded to the agency(s) that provide these services, in order that consumers receive the best possible care.

Type of Service Examples: – Physiotherapy – Specialist consultant	Name of Agency Examples: – Any agency – Nominated clinic	Type of Information (including limits as applicable) Examples: – All relevant information – Test results only

## Section 2: Record of Consumer Consent

2(A) Written Consumer Consent

Or

2(B) Verbal Consent

2(a)

*My practitioner has discussed with me how, when and why certain information about me may need to be provided to other agencies.*

*I understand the recommendations and I give my permission for the information to be shared as detailed above.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Consumer OR Authorised Representative)

Consumer Name: \_\_\_\_\_

Witnessed: \_\_\_\_\_  
(Practitioner)

Practitioner Name: \_\_\_\_\_

Role: \_\_\_\_\_

2(b)

Practitioner Use Only

Verbal consent should only be used where it is not practicable to obtain written consent.

*I have discussed the proposed referrals with the consumer. I am satisfied that the consumer understands the proposed uses and disclosures, and has provided their informed consent to these.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Practitioner)

Practitioner Name: \_\_\_\_\_

Role: \_\_\_\_\_

Department of Human Services

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Office Use Only: If information becomes superseded, indicate below and record updated information on a new form

The information on this form has been superseded

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Sign: \_\_\_\_\_