

Telecare Parent/Guardian Consent Form



Royal Far West
Children's health, country-wide

To be completed by the parent/guardian, **ALL** fields to be completed:

DEMOGRAPHIC INFORMATION

Child's Name: _____ Sex: Male Female

DOB: ___/___/___ Has the child ever been to Royal Far West? Yes No

School: _____ Year: _____

I am the parent/legal guardian of _____ (child's name).

If you are not the parent/legal guardian of the child, please specify who the legal guardian is and their contact details below:

If you are the guardian of the child, have you:

- a. Provided verification that states you are the legal guardian of this child? Y / N
- b. If this arrangement is informal within the family, have you provided verification that states this arrangement? Y / N

Child's Address: _____

Town: _____ Postcode: _____ Phone: (H) _____ (M) _____

Email Address: _____

Medicare No.: _____ Child's Position No.: _____ Expiry Date: _____

Private Health Fund: _____ Member Number: _____

NDIS Number: _____ Plan Commencement Date: _____ Completion Date: _____

Child's Doctor: _____

Address: _____

Is the child of Aboriginal and/or Torres Strait Islander origin? (please circle)

Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal & Torres Strait Islander No

CLINICAL QUESTIONS

What are your main concerns for the child? _____

Please fill in the tables below and add comments as necessary.

	Yes	No	Comments
For some telecare programs, your child will be required to sit at a computer for 30 minutes and complete tasks such as listening and completing interactive tasks on the screen. Will your child would be able to do this?			
Will a responsible adult (parent/carer/teacher/LaST) be able to commit to attending all sessions with your child and complete follow up work?			

Has your child been seen by a Paediatrician, School Counsellor or Allied Health Professional (Speech Pathologist, Occupational Therapist, Psychologist)? If yes, what were the outcomes? <i>Please note that reports may be requested if relevant</i>			
Do you have any concerns with your child's hearing? <i>Please note that reports may be requested if relevant</i>			
Does your child have a vision impairment? <i>Please note that reports may be requested if relevant</i>			
Does your child have reading skills at an 8-year-old level or above?			
Does your child have behavioural difficulties?			
Are you concerned with your child's emotional wellbeing?			
Does your child have any significant behavioural difficulties including oppositional behaviour, sensory and emotional regulation challenges (tantrums, meltdowns, over-excitation)?			
Does your child struggle to pay attention (for example, is hyperactive or inattentive)?			

Motor skill development-----

Please tick if your child has difficulties with the following:

Handwriting		Fine motor skills e.g. using scissors	
Visual perception e.g. loses place when reading, copying, difficulty with puzzles		Self-care e.g. dressing, using cutlery	
Recognising letters based on sound and appearance		Does your child have difficulty with gross motor tasks?	
Does your child appear clumsy?			

Speech and Language-----

Please tick if your child has difficulties with the following:

Speech sounds		Telling a story	
Following longer directions		Understanding what you say	
Putting words into sentences		Stuttering	

Parent/Guardian Consent

I understand that I need to sign and provide my consent to the following:

- Royal Far West to provide telecare services to the child. I understand that Royal Far West reserves the right to determine whether the referral is appropriate and whether assessment and/or intervention will be provided. I understand that once given, my consent will remain current until it is withdrawn in writing by me;
- The collection and storage of personal information by Royal Far West which is provided by me or on behalf of my child by others who are so authorised;
- The use of personal information by Royal Far West to the extent that it is reasonably necessary to deliver services under the program;
- The disclosure of personal information by their general practitioner, school or other health or allied healthcare provider to Royal Far West;
- The use of de-identified personal information by Royal Far West when reporting program evaluation findings;
- The disclosure of personal information by Royal Far West to their general practitioner, allied health provider, school or other referrer where clinically appropriate.

Please list any persons or agencies with whom you **do not** wish us to share information with:

I request that any reports on the child be sent to:

I give permission:

- For my child to be observed at school or preschool.
- For my child's session to be recorded for clinical uses only (all personal information will be de-identified).
- For a medical or allied health student to be involved in my child's consultation.

Parent/Carer full name: _____ Signature: _____ Date: ___/___/___

Privacy Statement

The initial screener session and subsequent assessment and/or therapy sessions (if required) are provided by Royal Far West. As required by the Privacy Act 1988 (Cth), there are some important things you need to know about how we collect, use and disclose information about your child:

- To provide our services to you, we collect health information and other personal information about you. We may also need to collect some of this information from other people, such as your general practitioner and other health professionals involved in your care. We will inform you if we do need to collect information from other people and why we need this information. It may be that we will not be able to provide services to you if we cannot collect this information.
- We also use your personal information for administrative purposes within the practice, including for practice management and complaints handling.
- We may disclose the information we collect about you to your general practitioner, other health practitioners involved in your care, your referrer and to service providers that we engage to provide our services. We may also disclose your information if required to do so by law.
- Other Royal Far West staff and service providers may need to access the information we hold about you, in order to:
 - Provide services to us
 - Review your assessment and to prepare reports
 - Undertake quality assurance activities
 - Carry out our functions and activities
- If you consent, we may also use and disclose the information we collect about you (including your health and any other sensitive information) for the purposes of evaluation only. However, we will de-identify your information before using or disclosing it for these purposes. We may also use your information to contact you about your participation or evaluations.

For more information, please contact Royal Far West on (02) 8966 8500. If you have any concerns or queries about the way in which we collect, use and disclose your information, please ask your clinician.