THIS PAGE IS TO BE COMPLETED BY THE CLINICIAN CONSENTING THE PATIENT FOR TREATMENT

Statement of Interpreter/Cultural needs

Is an Interpreter Service required? ☐ Yes ☐ No Phone Interpreter Service used? ☐ Yes ☐ No

Is a qualified Interpreter present? ☐ Yes ☐ No Client number: _____

If an on-site Interpreter is used, ensure interpreter signature is obtained in the patient's part of this form

Declaration of Clinician

I confirm that (patient's full name) _____

☐ Is providing consent and is competent to do so

☐ Is not competent to provide consent and an authorised person is giving substitute consent (see page 4 for explanatory information)

Please ensure you check each box after you have discussed with the patient

I have:

☐ Recommended and explained the procedure/treatment identified below

☐ Informed the patient of the procedure/treatment options available and the likely outcomes of each including known benefits, possible complications, any alternatives and the risk of doing nothing. Specific material risks have been listed below

☐ Informed the patient who will be performing the procedure/treatment (if it is possible in the circumstances)

☐ Informed the patient that depending on their current condition and any health issues they have, they may require an anaesthetic review.

Additional information provided: ☐ Procedure/Treatment information ☐ Device information

☐ Other: _____ ☐ None given

Treatment/Procedure/Investigation

List proposed procedure/treatment, noting correct side/site: _____

Immunotherapy

This procedure requires: ☐ General and/or Regional Anaesthesia ☐ Local Anaesthesia ☐ Sedation

Disclosure of Material Risks

Material risks specific to this patient that have arisen as a result of this discussion are: _____

- pneumonia - rheumatoid - pneumonitis
- colitis - rash
- fatigue - hepatitis

Blood and Blood Products

I have explained risks / benefits for the use of blood or blood products if they are required as part of the procedure/treatment: ☐ Yes ☐ No ☐ Not required for this procedure

I have explained risks / benefits for the use of cell salvage as part of the procedure/treatment ☐ Yes ☐ No ☐ Not required for this procedure

Signature of Clinician Obtaining Consent

Clinicians signature	Print name	Designation	Date / Time
[redacted]	[redacted]	Reg	21/9/17

DO NOT WRITE IN THIS BINDING MARGIN

DO NOT WRITE IN THIS BINDING MARGIN

ACT Health

Consent to Treatment

The patient is required to complete ALL sections of document printed in black ink

[redacted] Female

ACT [redacted]

ACT Health Public
Dr Sayed Ali

THIS PAGE IS TO BE COMPLETED BY TH[redacted]
TO PROCEDURE/TREATMENT (includes interpreter signature if interpreter required)

Declaration of patient or authorised person

Please read the information below. If you agree that the information has been explained to your satisfaction and you consent to having the stated treatment, sign the form. **If you do not agree with any of the points, discuss it with your doctor and if required/draw a line through that point:**

- I have had my questions answered and I understand the information I have been given.
- I understand that all treatments carry some risks, and that the treatment may not meet all my expectations.
- I consent to the anaesthetics/medicines required for this procedure/treatment. I understand these do have risks. I understand that depending on my current condition and any health issues I have, I may require an anaesthetic review.
- If I am a public patient I understand the clinician I give my consent to may not be the doctor who carries out my procedure/treatment.
- If any hospital staff member is exposed to my blood or body fluids, I consent to my blood being tested for any disease, including Hepatitis and HIV antibodies.
- I understand a complete record of my condition and the treatment provided will be kept in accordance with the Health Records (Privacy and Access) Act 1997. I agree that this record will be used to manage my care and monitor my progress. It may also be used for quality assurance, training and funding purposes. I also understand that my records may be disclosed to the Territory legal advisors, the ACT Insurance Authority and/or other insurers.
- I consent to information regarding my condition being shared with other clinicians involved in my care inside and outside the hospital. My General Practitioner will receive a summary of my care unless I indicate otherwise.
- I understand that I may withdraw my consent at any time before the procedure/treatment.

Comments (optional): _____

Blood and Blood Products (tick N/A to each if procedure does not require blood products)

I consent to the use of blood or blood products if they are required as part of the procedure/ treatment:	☐ Yes	☐ No	☐ N/A
I have received information about the use of blood or blood products and understand the risks, benefits and alternatives:	☐ Yes	☐ No	☐ N/A
I have received information on the risks and benefits of intra operative cell salvage and consent to its use, if required as part of the procedure:	☐ Yes	☐ No	☐ N/A

Patient or Authorised Person's Signature

Patient name	Patient signature	Date / Time
[redacted]	[redacted]	21.9.17

If the patient is not consenting, choose one of the following: ☐ Person with Parental Responsibility for a Minor

☐ Legal Guardian ☐ Enduring Power of Attorney ☐ Health Attorney ☐ Public Advocate

Print name	Authorised person signature	Role (if applicable)	Date / Time

Print name	Signature of Witness	Date / Time

Interpreter Declaration (if applicable)

I declare that I have interpreted the dialogue between the patient and health professional using (state language) _____ to the best of my ability, and have advised the health professional of any concerns regarding the interpretation. ☐ Tick if interpreter has participated via phone. Note name/date/time below

Print name	Signature of Interpreter	Date / Time
	[redacted]	

Patient Signature - Confirmation of Consent (Patient on the Surgery Waiting List)

I confirm that I consent to the procedure/treatment:

Print name:	Signature:	Date:

Information on Substitute Decision Makers and Consent

For any Substitute Decision Maker, evidence of their authority to consent needs to be sighted and confirmation of having done this needs to be documented in the clinical record. Where possible, include a copy of the evidence in the clinical record e.g. Guardianship orders, EPOA etc.

Enduring Power of Attorney
A consumer who has decision-making capacity may appoint someone else as an attorney under an Enduring Power of Attorney. This provides authority for the attorney to make personal, financial or medical decisions as specified on the consumer's behalf, in the event the consumer no longer has decision-making capacity. An appointed attorney under the Enduring Power of Attorney can provide consent on behalf of the consumer.

Legal guardians
A legally appointed guardian, as defined in the *Guardianship and Management of Property Act 1991*, must make decisions in the consumer's best interests. Additionally, the protected person's wishes (as far as they can be determined) must be addressed - unless a decision made in accordance with such wishes is likely to significantly adversely affect the person's protected interests. A legal guardian can give consent for a medical procedure or other treatment if so appointed, excepting 'prescribed medical procedures' as defined in legislation. Consent cannot be given by a legal guardian in some situations including:

- Where consent would override a decision outlined in a valid Health Directive
- Consent to procedures defined as a 'prescribed medical procedure' such as:
  - Abortion
  - Reproductive sterilisation
  - Hysterectomy
  - A medical procedure concerned with contraception
  - Removal of non-regenerative tissue for transplantation to the body of another living person
  - Treatment for psychiatric illness, electroconvulsive therapy or psychiatric surgery, and
- Withdrawal or withholding of medical treatment

A legal guardian can also include a person or entity who has been given daily and/or long term care responsibility pursuant to a care and protection order issued by a Children's Court of any state or territory. In the ACT this is a Care and Protection Order made under the *Children and Young People Act 2008*.

It could also include an order granting parental responsibility to a person under the *Family Law Act 1975*.

Health Attorneys
A Health Attorney may provide consent to treatment when the consumer has:

- Impaired decision making ability and
- Has not appointed someone to have enduring power of attorney with regard to medical treatment, and
- When a legal guardian has not been appointed for consent to medical treatment

Listed in order of priority, a Health Attorney can be either a:

- Domestic Partner (i.e. spouse)
- Carer, not including carers employed to care for the consumer, and a
- Close relative or friend

The Health Attorney must be formally appointed by a medical officer before they can provide consent and sign the consent form on behalf of the consumer. The use of a Health Attorney must be documented in the clinical record using the *Health Attorney for Consent to Medical Treatment* form available on the Clinical Forms Register. Consent provided by the Health Attorney is valid for six months only. There are certain situations where staff must refer matters of consent to the Public Advocate of the ACT. These are where the health professional believes treatment should occur and:

- The Health Attorney who has been asked to provide consent does not consent to a recommended medical procedure and is believed to not be acting in the best interests of the consumer, or
- Before obtaining consent from the Health Attorney believed to be best able to represent the views of the consumer, staff become aware that any of the other possible Health Attorneys object to the giving of consent

Public Advocate
Health professionals must contact the Public Advocate of the ACT to provide or withhold consent in the following circumstances:

- If they have concerns that decisions made by a substitute decision-maker are not being made in the best interests of the consumer, and
- In the absence of an Health Directive, an appointed Health Attorney, Guardian, or Enduring Power of Attorney

Consent can be obtained by contacting the Office of the Public Advocate during business hours. If consent is required outside of business hours, a procedure or treatment may only proceed if it is an emergency, otherwise the procedure or treatment must not proceed until the emergency guardianship order is in place. The Office of the Public Advocate contact is 02 6207 0707.

Telephone consent provided by substitute decision makers:
Two health professionals must corroborate the information given to the substitute decision maker about the proposed treatment or procedure, including confirmation of the correct site or side, when the substitute decision maker:

- Is not in the presence of the consumer when consent is requested
- Cannot see the consumer's physical condition or affected part or side of the body for themselves, and
- Is providing consent over the telephone

This must be documented and co-signed by the second health professional in the clinical record

DO NOT WRITE IN THIS BINDING MARGIN

* 1 5 2 7 0 *

ACT Health

[redacted] Female

[redacted] ACT

ACT Health Public
Dr Sayed Ali

Consent to Treatment

Consent to Treatment

Clinician to complete ALL sections of document printed in blue ink

Patient to complete sections printed in black ink

- Provide a copy of this consent form to the patient, if requested
- Please refer to the ACT Health Directorate Consent policy (DGD12-044) for details of consent.

Who may obtain consent?

The admitting medical officer (consultant) or their delegate. A delegate must have sufficient clinical experience and knowledge to be able to obtain consent.

Who can give consent?

The patient or other authorised person such as enduring power of attorney, legal guardian, health attorney or public advocate. Any person giving consent for another person must have a legal right to do so. Refer to page four of this form for further details. Note that a patient may withdraw their consent at any time.

What is valid consent?

- The patient or authorised person is competent to give consent;
- Full information is given regarding the patient's condition, proposed treatment including risks and benefits, who will perform the treatment (if it is possible in the circumstances), any uncertainty about the diagnosis, any alternative treatments, the consequences of not having the proposed treatment and any costs involved;
- Consent is given freely after adequate time for answering any concerns or questions; and
- The consent is specific to the treatment or procedure.

When does a patient need to re-consent?

Before the procedure/treatment is performed the patient will be clinically reviewed. If there is a change in their clinical condition from the time the existing consent was obtained, a new consent form needs to be completed.

When does consent need to be confirmed and who may do this?

A nurse may ask a patient to 'confirm' their consent using the space provided in the patient part of the consent form prior to the procedure/treatment. If in the process of confirming consent, the patient has questions or concerns regarding the procedure, the admitting medical officer or their delegate should be contacted to continue the discussion and decide whether the patient needs to be re-consented or if the procedure/treatment should be cancelled or postponed.

Consent to Treatment