

CONSENT TO DISPLAY & SHARE INFORMATION

CONSUMER

Name: _____

Age: _____ Gender: _____

SECTION 1: HOW YOUR PATIENT EXPERIENCE STORY WILL BE SHARED?

The patient experience story you share with Health Consumers' Council (WA) Inc. (HCC) will feature on their website, social media channels, and displayed in the lead up to and at the HCC Patient Experience Week Event Series. Your story can remain anonymous. Your story will also be shared with the WA Primary Health Alliance (WAPHA) to be co-published on their website.

WAPHA is currently building a new website which will be an online tool to support engagement with stakeholders. The tool includes a 'stories' section, designed for gathering and sharing qualitative health consumer experiences. WAPHA will co-publish the stories gathered by the HCC in the lead up to the Patient Experience Week Event Series on this new site. The stories will be used as content on the new site and will reference the Health Consumers' Council (WA), the HCC Patient Experience Week Event Series and be placed near a link to Patient Opinion.

SECTION 2: RECORD OF CONSENT

- Written consumer consent**

The HCC staff member has discussed with me how and why my patient story will be shared with the public and WAPHA (as detailed above). I understand this and I give my consent for the information to be shared.

Signed: _____

Dated (dd/mm/yyyy): / /

- Verbal consumer consent**

I have discussed with the consumer how and why their patient experience may be shared, as detailed above. I am satisfied that this has been understood and that informed consent for the information to be shared as detailed above has been given.

Or

- Consumer does not have the capacity to provide consent**

(that is, they do not understand the nature of what they are consenting to, or the consequences)

- Consent given by authorised representative**

To ensure that the consumer's authorised representative can make an informed decision about consenting to the sharing of information as detailed above, the HCC staff member should (tick when completed):

- Discuss with the consumer the proposed sharing of information (as detailed above)
- Explain that the consumer's information can only be shared if the consumer has agreed and, when referring, advise that referral for service can still proceed if the consumer does not want information disclosed
- Provide consumer with a copy of this form once completed
- Consumer would like to remain anonymous

Consent obtained/witnessed by:

Name: _____

Position: _____

Sign: _____ Date: dd/mm/yyyy / /