Consent to share information for care after custody

One form for correctional health, parole, pharmacy, GP and support services. Tick only what is needed.

CMYNP PTY LTD • Shari Edwards, Endorsed Nurse Practitioner • AHPRA NMW0001666654

YOUR CHOICE, YOUR CONTROL

This consent is voluntary. You choose who CmyNP may talk with and what may be shared, and you can limit, change or withdraw it at any time. Saying no will not stop you from receiving care from CmyNP.

01 YOUR DETAILS

FULL NAME (AS ON MEDICARE)

PREFERRED NAME (OPTIONAL)

DATE OF BIRTH (DD/MM/YYYY)

CURRENT FACILITY (IF APPLICABLE)

RELEASE DATE (IF KNOWN)

PHONE AFTER RELEASE

EMAIL

ADDRESS AFTER RELEASE

MEDICARE NUMBER (OPTIONAL)

CARD REFERENCE / IRN (OPTIONAL)

CARD EXPIRY MM/YY (OPTIONAL)

02 WHY INFORMATION MAY BE SHARED

- ☐ Continuing my healthcare after release
- ☐ Checking my medicines to avoid missed or double doses
- ☐ Mental health, AOD and wellbeing support
- ☐ Safely continuing ODT (if applicable)
- ☐ Linking me with my pharmacy, GP or specialist
- ☐ Booking appointments around parole or reporting

03 WHO CMYNP MAY EXCHANGE INFORMATION WITH

- ☐ Correctional health service / prison clinic
- ☐ My nominated pharmacy
- ☐ Medicines regulator (ODT approvals only)
- ☐ Family member, carer or advocate
- ☐ Corrective Services, community corrections or parole
- ☐ My GP, specialist or medical centre
- ☐ Support, AOD or reintegration service
- ☐ Other named person or service

NAMES AND CONTACT DETAILS OF THE PEOPLE OR SERVICES TICKED

04 WHAT MAY BE SHARED — TICK ONLY WHAT IS NEEDED

- ☐ Discharge summary and current care plan
- ☐ Current medicines and prescriptions
- ☐ Pathology, hepatitis, HIV and other test results
- ☐ Alcohol and other drug treatment summary
- ☐ Medical history, diagnoses and allergies
- ☐ ODT medicine, dose, last and next dose due
- ☐ Mental health summary and medicines
- ☐ Release, parole reporting and curfew times

Corrective Services and parole only receive health information if you tick that service in 03 AND the matching item here.

DO NOT SHARE / OTHER LIMITS (E.G. COUNSELLING NOTES, DATES OF RECORDS)

05 BOOKING HELP — OPTIONAL

- ☐ A support worker may book, change or cancel my first CmyNP appointment and be told the date and time.
- ☐ They may also receive the telehealth link for me (only if I cannot safely receive it myself).

SUPPORT WORKER NAME | **ORGANISATION / ROLE** | **PHONE OR SECURE EMAIL**

Booking help does not let them see your health records. It ends after your first appointment or when you withdraw it.

06 HOW LONG THIS CONSENT LASTS

- ☐ 12 months from the date I sign
- ☐ Until this earlier date:

07 I UNDERSTAND THAT

- CmyNP is a private nurse practitioner service, independent of Corrective Services. I may choose another provider.
- Only information reasonably needed for the reasons I ticked will be shared, in line with the CmyNP Privacy Policy.
- Records are kept securely in CmyNP's clinical system (Halaxy). I can ask to see or correct my information.
- I can change or withdraw this consent at any time. This does not undo information already shared.
- Saying no or limiting consent may make it harder to check my medicines or arrange care quickly.
- CmyNP may still share information without consent where the law requires or allows it, e.g. serious risk to safety.

☐ I have read (or had read to me) this form, had a chance to ask questions, and agree voluntarily.

08 YOUR SIGNATURE

PATIENT SIGNATURE | PRINTED NAME | DATE

☐ An interpreter was used. Name / language:

☐ A support person was present. Name:

If signed by a guardian or substitute decision-maker:

NAME | RELATIONSHIP / LEGAL AUTHORITY | SIGNATURE

09 WITNESS — IF SIGNED IN CUSTODY

I checked the patient's identity against Corrective Services records or gaol photo ID (no copy needed), witnessed the signature, gave the patient a chance to ask questions and did not pressure them. I am not certifying legal or clinical capacity.

WITNESS NAME AND ROLE | AGENCY / ORGANISATION

WITNESS SIGNATURE | PHONE / SECURE EMAIL | DATE

SENDING THIS FORM SECURELY

Upload the signed form at cmynp.com.au/justice, or send from a secure government or organisational email to referrals@cmynp.com.au. Please do not send clinical documents from a personal email account.

CmyNP acknowledges the Traditional Custodians of the lands on which we work, and pays respect to Elders past and present.