



THE UNIVERSITY
OF QUEENSLAND



QCIDD CLINIC CONSENT POLICY

Policy Statement

QCIDD seeks informed consent from users of its clinical services for:

- requests for information from other individuals and organisations involved their care
- any invasive procedures such as the commencement or cessation of major tranquillisers or psychotropic medication or invasive physical examination such as breast, rectal or vaginal examination

For general assessments and non-invasive procedures, attendance at QCIDD clinics gives implied consent in the same way that a visit to a General Practitioner implies consent.

If the service user does not have the capacity to make informed consent, this consent will be sought from their Statutory Health Attorney, guardian or attorney for personal matters.

For QCIDD's services accessed by phone and email, the caller's or e-mailer's consent is implied.

Rationale

Clinical service users are entitled to be treated with respect, and to have the maximum possible control over issues related to their health and wellbeing. If their ability to make health care decisions is impaired, then a person authorised to make decisions on their behalf has these same entitlements. Under the terms of the Guardianship and Administration Act 2000 and the Power of Attorney Act 1998,¹ a person may be authorised to make health care decisions for a person with impaired decision making capacity. The legislation lists these relationships in order of their suitability:

- the person's spouse, if the relationship is close and continuing
- the person's primary carer, so long as the carer is unpaid
- a close adult friend or relation

Note: The term carer includes the parent of an intellectually disabled adult

In cases where there is no one to act as Statutory Health Attorney, the next step would be to consult the Adult Guardian.

¹ For information on the Guardianship and Administration Act 2000 and the Power of Attorney Act 1998 and fact sheets on the Statutory Health Attorney and Making Health Care Decisions, the following web site link is suggested www.justice.qld.gov.au

Procedures

Determining if consent is required

Informed consent from clinic service users is required when:

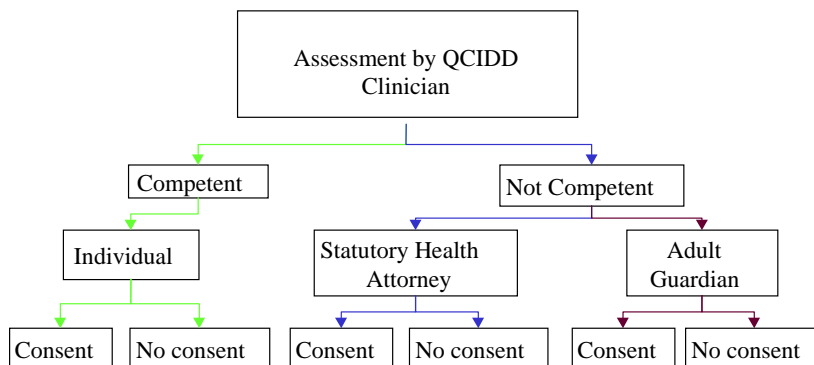
- information about the service user is needed from other individuals or organisations involved in their ongoing care
- the QCIDD clinician regards that optimal care for the client requires the use of major tranquillisers or psychotropic medication. This is regarded as an invasive practice according to the Office of the Adult Guardian
- the QCIDD clinician believes that examination of breast, vagina or rectum is required as part of an assessment.

Establishing Capacity to Consent

Adults with intellectual disabilities are often quite capable of providing consent. In particular, people with a mild disability are competent to make significant decisions, and their right to make these choices will be supported. However many people with an intellectual disability will be unable to provide informed consent.

QCIDD's clinicians will assess capacity to for informed consent using the Queensland Guardianship Board criteria. As is usual in caring for people with an intellectual disability, when informed consent cannot be obtained from the individual with intellectual disability, then consent may be sought through a Statutory Health Attorney or the Adult Guardian if there is no Statutory Health Attorney. The issue of providing consent will be judged on an individual basis. The consenting process is depicted in Figure 1 below.

Figure 1 Flow Chart Depicting the Consenting Procedure



Obtaining consent

Contact details of the Statutory Health Attorney or guardian will be noted as part of the service user intake forms kept on medical record files. Any change of these details will be recorded during appointments.

Obtaining consent from a Statutory Health Attorney who is not present at the service user's appointment may occur in what ever way is most expedient – by phone, email or in writing.

When obtaining consent to seek information from others, the *QCIDD Privacy and Confidentiality Consent to Share Information Form* will be used - The form will

also give the service user or their Statutory Health Attorney the option to name individuals or organisations that QCIDD should *not* communicate with without specific permission. See attachment 1.

A *QCIDD Release of Information Consent Form* will also be used to send to individuals or organisations demonstrating that the service user or their Statutory Health Attorney has consented for the request. See attachment 2.

Keeping of records of consent

Medical record files will record any instances when consent has been requested, who gave consent and how consent was given. Signed copies of the *QCIDD Privacy and Confidentiality Consent to Share Information Form* and the *QCIDD Release of Information Consent Form* will also be kept on medical record files.

Attachment 1



**THE UNIVERSITY
OF QUEENSLAND**



PRIVACY AND CONFIDENTIALITY

CONSENT TO SHARE INFORMATION FORM

I understand that it may be necessary for QCIDD’s doctors and staff to seek further information from other individuals and organisations involved in my ongoing care. I hereby authorise QCIDD staff to seek information from these individuals as required.

I do not give permission for QCIDD staff to speak to the following individuals/organisations without my specific approval:

.....
.....

**Signature:
(Client/Parent/Guardian)**

Witness:

For further information, please contact QCIDD on 3163 2412

Attachment 2



**THE UNIVERSITY
OF QUEENSLAND**



QCIDD RELEASE OF INFORMATION CONSENT FORM

Date:

To:

.....
.....
.....

Regarding: **D.O.B.**

Tick which statement below applies:

✓

I am currently being treated by Dr at the QCIDD clinic.

.....is currently being treated by Dr at the QCIDD clinic and I am authorised to consent to health care decisions on their behalf in my capacity as their Statutory Health Authority / guardian. (cross out which one does not apply).

To assist QCIDD in their care and treatment, please forward any information you have about the above-named patient to:

QCIDD
University of Queensland
Community Services Building
Mater Hospitals
South Brisbane. 4101.

Signature:

.....**Date:**...../...../.....

(Patient / Statutory Health Authority / Guardian)

Witness:.....**Date:**...../...../.....

For further information, please contact QCIDD on 3163 2412