



PRIMARY CARE IN RESIDENTIAL AGED CARE EDUCATION PROGRAM

Tutorials for GPs in Residential Aged Care Facilities

RESIDENT/PERSON RESPONSIBLE INFORMATION & CONSENT FORM

With the continuing surge in medical knowledge it is essential that GPs keep abreast of advances in clinical practice and scientific information to enable them to operate more effectively in the fast changing medical field. To assist General Practitioners Sutherland Division of General Practice is running a Primary Care in Residential Aged Care Education Program.

The program aims to:

- To increase GPs clinical knowledge, skills and confidence in the management of patients in residential aged care facilities (RACFs).
- To promote an integrated approach to clinical problem solving in RACFs through peer review, self assessment and reflection.
- To improve communication links between GPs and other health service providers.
- To develop GPs experience and understanding of the needs of older people living in RACFs.

You/your relative are invited to take part in this program in your Residential Aged Care Facility. All medical information will be strictly confidential and accessible to visiting GPs, specialists and allocated staff in your RACF to enable them to better manage your health.

I, (patient/person responsible) of

- I acknowledge that the purpose of the education program is to assist GPs in the provision of ongoing comprehensive health care.
- I give permission for the GPs, specialist and allocated RACF staff involved in the education program to have access to my clinical record.
- I understand that all information obtained will be kept confidential and will not be disclosed to any other individual not involved in the education program without my consent.
- I understand that my decision to participate is voluntary and that I have the right to withdraw consent at any time.
- Before signing this consent form, I have been given the opportunity to ask any questions relating to the education program. I have received satisfactory answers to any questions that I have asked.

Patient/Person Responsible Signature: Print:

General Practitioner Signature: Print:

Date: