



**EASTERN POST ACUTE CARE
PROGRAM
CLIENT CONSENT**

UR Number: _____

Surname: _____

Given Name: _____

Date of Birth: ____/____/____ Sex: M / F

Affix Hospital ID Label If Available



I _____

agree to participate in the Eastern Post Acute Care program (EPAC).

My participation in the service has been explained to me and I understand and consent to:

- Receiving services funded by Eastern Post Acute Care.
- Information about my health / personal care needs being shared between relevant service providers.
- My General Practitioner being sent a copy of my PAC service plan by Eastern PAC.
- Where applicable, I am responsible for the purchase of medical supplies after the first 3 visits.

I also understand "My Rights & Responsibilities while on the Eastern PAC program" (as per the back of this form).

Signed: _____ Date: _____

Witness: _____ Date: _____

Designation: _____

Carer Consent

If the client is unable to give consent a carer may sign on his/her behalf.

Signed: _____ Date: _____

Print Name: _____

Relationship to client: _____



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**CLIENT RIGHTS & RESPONSIBILITIES –
EASTERN POST ACUTE CARE PROGRAM**

YOUR RIGHTS

Whilst on the EPAC program you have the **right** to;

- Receive care with dignity and in privacy
- Have your beliefs respected
- Be told about the organisations and people providing care to you
- Stop services at any time
- Make a complaint about services without fear or repercussions
- Request to see your files and ask for a correction if you think there is a mistake
- Name another person who can speak with us and then help you understand more

YOUR RESPONSIBILITIES

Whilst on the EPAC Program it is your **responsibility** to;

- Tell your service workers and PAC Care Co-ordinator if there are any changes to your situation and condition.
- Inform us if you are dissatisfied or unhappy with any part of your care.
- Treat service providers with respect and dignity
- Keep up payments for any services that you were receiving before your admission to hospital.
- Provide a safe environment for service providers

WHAT YOU CAN EXPECT FROM THE EASTERN PAC PROGRAM

The Eastern PAC program will undertake to keep all your health information confidential. Your information will only be shared between the people caring for you. For example EPAC staff, the hospital, your Doctor and the specific services arranged for you.

Information is shared by EPAC staff using the principles of

- Right Information
- To the right person
- For the Right Reason
- In the right way
- At the right time

All services will be organised to best meet your individual needs. We will send you a letter detailing the services being provided. Your EPAC Co-ordinator will also be in contact with you regularly while you are on the program to check that you are improving as expected and that links to longer term services are made.

The services you receive will be provided short-term after your discharge from hospital. However, if you still require help after this short-term period then your PAC Care Co-ordinator will make any appropriate arrangements