PACE – Positive Aged Care Experience

Consent to Exchange Information

Client Details

Client Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

Purpose of this Consent

I authorise PACE – Positive Aged Care Experience to collect, use and exchange relevant personal information with the individuals and organisations listed below for the purpose of assisting me with my aged care journey, including assessment, admission, ongoing support and related services.

I understand that only information necessary to provide the requested support will be shared.

I Authorise PACE to Exchange Information With

Family Member(s)/ Next of Kin

Name: _____

Relationship: _____

Phone: _____

Email: _____

Enduring Power of Attorney / Medical Treatment Decision Maker

Name: _____

Relationship: _____

Phone: _____

☐ My Aged Care

☐ Residential Aged Care Provider(s)

Facility Name(s): _____

☐ Hospital / Health Service

Name: _____

☐ Other (please specify)

Information That May Be Shared

This may include information relevant to my support, including:

- Personal contact details
- Health information relevant to aged care services
- My Aged Care assessment information
- Admission and accommodation details
- Financial information where required for aged care processes
- Care planning and support needs

Duration of Consent

This consent remains valid until:

☐ My support with PACE has concluded.

☐ I withdraw my consent in writing.

☐ Until: ____ / ____ / _____

I understand I may withdraw or amend this consent at any time by notifying PACE in writing.

Privacy Statement

PACE – Positive Aged Care Experience respects your privacy and handles your personal information in accordance with the Australian Privacy Principles under the *Privacy Act 1988 (Cth).* Information will only be collected, used and disclosed for the purpose of providing the services you have requested, unless otherwise required by law.

Client Declaration

I have read and understood this consent.

I understand why my information may need to be exchanged and give my permission for PACE – Positive Aged Care Experience to do so as outlined above.

Client Signature: _____

Date: ____ / ____ / _____

If signed by an authorised representative

Name: _____

Relationship: _____

Signature: _____

Date: ____ / ____ / _____

PACE Representative

Name: _____

Signature: _____

Date: ____ / ____ / _____