*Mental Health and Related Services Act 1998*

*Section 65*

|  | ***Complete person details or affix patient label in box below:*** | | | |
| --- | --- | --- | --- | --- |
| **Full name of person:** |  |  | |  |
| **Also known as** |  | **Patient Label** | |  |
| **Date of Birth:** |  | / / | |  |
| **HRN:** |  |  | |  |
| **Sex:** |  | Male  Female  Non-binary  Not specified | | |
|  | | | | |
| Informed consent of patient I have had the details of the proposed clinical trial and/or experimental treatment clearly explained to me and I consent to being involved with the trial and treatment process. | | | | |
| I was given a period of        to consider my response for consent and confirm that I have been provided with the following:  A clear explanation of the assessment and possible diagnosis, the nature of the proposed treatment, including sufficient information about the type of treatment, its purpose and likely duration to permit the person to make a balanced judgment regarding undertaking it; and  An adequate description, without concealment, exaggeration or distortion, of the benefits, discomforts and risks associated with the treatment; and  An adequate description of any appropriate alternative form of treatment that is reasonably available; and  A clear answer to all relevant questions asked by the person (and the answer has been understood by the person); and  Advice that the treatment may be refused or consent may be withdrawn at any time while the treatment is being undertaken; and  Advice that independent legal or medical advice may be obtained in relation to the treatment before giving consent (and reasonable assistance is provided to obtain that advice, if requested); and  Advice of all rights of review and appeal under this Act; Please provide a link/reference to the list of Consumers and Carers rights to ensure Clinicians, Consumers and Carers are able to access; and  Advice of any relevant financial advantage that may be gained by a medical practitioner proposing the treatment and by the approved treatment facility or approved treatment agency where the treatment is to be undertaken; and  Advice of any relevant research relationship between a medical practitioner proposing the treatment and the approved treatment facility or approved treatment agency where the treatment is to be undertaken; and | | | | |
|  | | | | |
| Explanations, descriptions and advice in a manner or form that the person is used to communicating in (and due regard is to be given to age, culture, disability, impairment and any other factors that may influence the person understanding the explanation). | | | | |
| Human Research Ethics Committee approval The clinical trial and/or experimental treatment has been reviewed by the following Ethics Committee/s as nominated by the Chief Health Officer or delegate:    The clinical trial and/or experimental treatment was subsequently:  Approved  Not Approved  The details of approval/denial of approval include: | | | | |
| ***Full name of person providing ethics committee approval details:***    ***Signature:***    ***Date:***     /   / | | | ***Position of person providing ethics committee approval details:***  Medical Practitioner  Authorised Psychiatric Practitioner (APP)  Designated Mental Health Practitioner (DMHP) | |
| ***Name of Approved Treatment Facility, Agency or medical practice:*** | |
| **Form Requirements**  Placed on clinical file | | | | |

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| **PGC ID:** HEALTHINTRA-1880-8890 | **TRM ID:** EDOC2018/213975 | |
| **Version:** | Version: 9.0 | **DO NOT EDIT THIS** | **Approved Date:** <dd/mm/yyyy> | **Review Date:** <dd/mm/yyyy> |