CQUniversity AUSTRALIA

YEAR: _____ CASE FILE #: _____

CQU HEALTH CLINIC

PATIENT CONSENT TO PARTICIPATE

PATIENT INFORMATION

Title:	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other:		
Preferred Pronoun (optional):			
Patient Family Name:			
Patient First Name:			
Date of Birth:	_____ / _____ / _____		
Address:			
Town/City:			
State:		Postcode:	
Telephone (mobile):		Telephone (home):	
Email:			

NEXT OF KIN / EMERGENCY CONTACT

Name:			
Telephone (mobile):		Telephone (home):	
Relationship to patient:			

MEDICAL PRACTITIONER DETAILS

Practitioner Name:	
Clinic Name:	
Telephone:	

PATIENT OCCUPATION

Occupation:	
Employer:	

HOW DID YOU FIND OUT ABOUT THIS CLINIC?

☐ Friend/family of student ☐ Referred by GP ☐ CQU Staff member ☐ CQU Student

☐ Outreach event: _____ ☐ Community partners ☐ Social media/Google ☐ Other: _____

ARE YOU OF ABORIGINAL, TORRES STRAIT ISLANDER OR SOUTH SEA ISLANDER ORIGIN?

(Tick all that apply)

☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, South Sea Islander

☐ None of the above

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INTERPRETER ASSISTANCE AND INTERPRETER'S STATEMENT

Do you require an interpreter?	☐ Yes	☐ No
If yes, the following is to be completed by the health practitioner		
Name of interpreter:		
Contact details of interpreter:		
Language:		
Signature of interpreter (unless interpretation was provided via video or telephone):	By signing this interpreter's statement, I confirm that: • I have given a 'sight translation' of this consent form and any verbal and written information given by the health practitioner in the language that the patient understands; and • the language translated is as listed above. Signature of interpreter: Date:	
Additional details (if required):		

IF APPLICABLE, THE PATIENT'S SUBSTITUTE DECISION-MAKER (PARENT, GUARDIAN, ATTORNEY OR STATUTORY HEALTH ATTORNEY)

Does the patient have capacity to provide informed consent?	☐ Yes	☐ No	
If no, complete the following:			
Name of substitute decision maker:			
Telephone (mobile):		Telephone (home):	
Capacity of substitute decision maker (e.g., Tribunal-appointed guardian, enduring power of attorney, statutory health attorney):			
Details of legal instrument(s) granting the individual the ability to provide consent on the patient's behalf (if applicable):			

CONSENT FOR PROMOTIONAL CORRESPONDENCE

From time to time, the Health Clinic may send promotional correspondence relating to health and wellness by email and/or SMS. This may include information about upcoming health seminars, new services, special health programs, wellness tips, and seasonal health reminders.

Do you consent to receive such correspondence? ☐ Yes ☐ No

You may unsubscribe from receiving this correspondence at any time using the unsubscribe link in the correspondence or by contacting us at brisbanehealthclinic@cqu.edu.au or rockhamptonhealthclinic@cqu.edu.au.

CONSENT FOR CONSULTATION RECORDING AND USE OF ARTIFICIAL INTELLIGENCE

Do you give consent for your consultation to be recorded, which may include both audio and visual recording. These recordings may be analysed by artificial intelligence (AI) systems to enhance clinical decision-making and support documentation. All recordings are stored securely. Access to these recordings will be limited to CQU employees, students undertaking clinical placements at the Health Clinic, and registered health professionals within the CQU Health Network for the purpose of providing treatment and services.

☐ Yes, I give consent for consultations to be recorded

☐ No, I do not give consent for consultations to be recorded

CONSENT FOR CLINICAL EDUCATION AND RESEARCH

Do you give consent for your case history, x-rays, clinical photos, videos, and sound recordings to be used for clinical education and research purposes. Your name will **not** be disclosed in any report or published educational documents.

☐ Yes, I give consent

☐ No, I do not give consent

WITHDRAWAL OF CONSENT

You may withdraw your consent at any time by liaising with the Health Clinic reception or by emailing brisbanehealthclinic@cqu.edu.au or rockhamptonhealthclinic@cqu.edu.au.

If you withdraw or do not provide consent to treatment, we will not be able to provide or continue to provide our health services to you.

Please note that if you have previously provided consent for clinical education and research and a report or any educational documents have since been published without your name (as described above), it is unlikely that the Health Clinic will be able to retrospectively apply your withdrawal of consent.

ACKNOWLEDGEMENT

By singing this document, you agree:

- to proceed with treatment;
- to the collection, use and disclosure of your personal information, including sensitive information, in accordance with the CQUniversity Health Clinic Privacy Collection Statement and the University's Privacy Policy; and
- that you are signing this form of your own free will, on the full understanding of the information provided, which you have had an opportunity to ask any relevant questions with the Health Clinic.

Patient Name:

Patient Signature:

Date:

As a parent/guardian/attorney

By signing this document, I agree for the patient named in this consent form:

- to proceed with treatment;
- to the collection and use of their personal information, including any sensitive personal information; and
- that you are signing this form of your own free will, on the full understanding of the information provided, which you have had an opportunity to ask any relevant questions with the Health Clinic.

Parent/Guardian/Attorney Name:

Parent/Guardian/Attorney Signature:

Date:

SIGNATURE OF HEALTH PRACTITIONER OBTAINING CONSENT

Health practitioner name:

Health practitioner title:

Health practitioner signature:

Date:

IMPORTANT PRIVACY INFORMATION

Central Queensland University ABN 39 181 103 288 ('University') collects, stores, uses and discloses personal information to deliver a range of health services to the general public, within a learning environment for students under clinical supervision by registered health professionals. Information about how the University may collect, store, use and disclose your personal information when you visit, use the services of or otherwise deal with the CQU Health Clinic is set out in the CQUniversity Health Clinic Privacy Collection Statement. Please read this statement before signing this consent form. For information about how you may access and amend your personal information held by the University, or make a complaint about the University's handling of your personal information and how we deal with any complaint, please see the University's Privacy Policy.