



Greater Western  
Aboriginal Health Service

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## Integrated Team Care Program Consent Form

<b>First Name:</b> _____	<b>Surname:</b> _____
<b>Contact Numbers:</b> _____	<b>DOB:</b> _____
<b>Address:</b> _____	<b>GP Name/Practice:</b> _____

The Integrated Team Care Program (ITC) is a free service which aims to improve or maintain a person’s health and wellbeing by providing support, linking to services and educating clients to self- manage their health for Aboriginal and/or Torres Strait Islander clients with one or more of the following long term health conditions: Diabetes, Chronic Respiratory Disease, Chronic Renal Disease, Chronic Cardiovascular Disease, Cancer or Mental Health.

I, \_\_\_\_\_ give my consent for myself/other, to participate in the ITC program managed by Greater Western Aboriginal Health Service (GWAHS)/Wellington Aboriginal Corporation Health Service (WACHS) and acknowledge the following:

- ✓ Enrolment in the ITC Program
- ✓ Participation in the Program- including initial assessment & referrals as required
- ✓ Exchange of information with my GP, other health care providers and community agencies involved in my care with the exception of (please list):

\_\_\_\_\_  
\_\_\_\_\_

- ✓ Referral to other health care providers as appropriate
- ✓ Exchange of data between Federal and State Government Departments and other fund providers as required
- ✓ I understand that I may withdraw or modify this consent at anytime by contacting the service at the number listed on the service information provided to me

**Client Name:** \_\_\_\_\_ **Carer Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_