




Policy	Informed Consent
Document Status:	Current
Policy Owner:	Grant Finlay
Signature:	
Scheduled Review Date:	September 2025
Familiarisation Frequency:	Annually

RELEVANT DOCUMENTATION

- ACA Code of Ethics and Practice.

POLICY STATEMENT

Collaborative Connections Counselling (CCC) accepts its moral and legal obligation to facilitate informed consent for clients when accessing services or otherwise engaging with the business. It is imperative that all clients are supported to understand the relevant information to enable them to give informed consent to treatment as well as to the sharing of their information, especially in the event of a legal obligation to share information even without the client's consent.

PROCEDURES

This policy aligns with receiving care or treatment as well as the storage, protection and sharing of client information.

Clients have the right to withdraw or amend prior consent and CCC will respect this right.

Informed Consent to Treatment

CCC's Intake and Consent forms will be used for all clients. Copies of these will be uploaded to the client record.

Verbal consent to treatment can be accepted but must also be recorded in the client record using the client management system, currently Splose.

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Capacity to Give Consent

A client's capacity to give consent needs to be considered. Factors that could prevent consent from being given include:

- Limited capacity for decision making (e.g. dementia, intellectual impairment, acquired brain injury); or
- Temporary impairment (e.g. intoxication, psychosis, severe pain), lost consciousness, age (see Consent & Young Clients below).

If capacity to give consent is reduced, carers/guardians/parents or advocates/power of attorney should be consulted.

Information Sharing

Clients will give their consent to share information using the consent to share form.

Verbal consent to share can be accepted but must also be recorded in the client record using the above tools.

Information Sharing and Limits to Confidentiality

It is important that clients can feel that the personal information they share with CCC remains confidential unless otherwise dictated by law (e.g. safety issues). The sharing of client information should only be done within the normal parameters of client-centred, integrated care with the client's informed consent, or the informed consent of their carer/parent/guardian or advocate.

However, there are circumstances when information may be shared with a service provider, including family violence scenarios.

The circumstances in which information may be shared include:

- Where there is a serious risk of harm to self or others;
- Where the worker has formed a "reasonable belief" that a child is experiencing or at risk of abuse;
- Family violence concerns; and
- Where client information is subject to a Court subpoena or Coroner's Inquest.

It is recommended that, in most situations, the client is advised that information is to be shared and the reason for this decision (unless it is assessed that such advice may pose an increased risk of harm to the client or others).

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Consent & Young Clients (Mature Minor)

The law recognises that as children become older and more mature, they are more capable of making their own decisions about a wide range of issues including education, health and wellbeing.

For young people, there is no specific legislation that fixes the age at which a young person can consent to treatment. However, it is generally understood that young people aged 16 and above have the capacity to consent to treatment. It is accepted that young people under the age of 16 years can consent to treatment if they have sufficient understanding and intelligence to enable them to understand fully what is proposed under what is referred to as “Gillick competence”, which has been accepted into Australian common law. Where there is doubt, the issue will be discussed during supervision, where deidentified facts and information will be provided and discussed.

Capacity to consent should take into account the young person’s capacity to:

- Comprehend the information being provided;
- Remember the information;
- Use/weigh up the information in their decision-making process; and
- Clearly communicate their decision to the worker.

If it is determined that the young person does not have the capacity to consent, the worker should, with the young person’s consent, contact the young person’s parent/guardian to provide consent on their behalf.

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