

Consumer Story – Consent Form

Information for patients and carers

We are very grateful you have agreed to share your health care experience.

You can choose to tell your story:

- in person (face to face at a meeting),
- through a video recording or audio file (we will help you do this), or;
- you can have someone present it on your behalf. This can be a friend, family member or Grampians Health staff member.

We will tell you about the group who will be hearing your story and why it may benefit them. We will provide you with a guide to preparing your story which includes some prompting questions to help you.

We invite you to nominate an “alias” so that references to the information you provide will not identify you. While we may talk about parts of your experience, you will not be able to be identified in the way your story is told.

In sharing your experience of Grampians Health, any information that is collected about you in connection with this story will remain confidential. Information will only be shared with your permission.

Who should I contact if I have further questions?

The Consumer Partnerships & Experience workgroup

Feedback@gh.org.au or Phone - 5320 4014

- ☐ I agree to share my recent health care experience at Grampians Health.
- ☐ I consent to taking part in the discussion and have understood the information contained within the consumer story information sheet, a copy of which I have been given to keep.
- ☐ I understand that my personal information will remain confidential as outlined in the consumer story information sheet.

I consent to my story being shared:

- ☐ At staff and/or committee meetings (department, ward, area, executive, board)
- ☐ On the Grampians Health website
- ☐ In a report or a newsletter
- ☐ In a presentation to staff as part of their training
- ☐ By my representative and/or Grampians Health staff member _____
- ☐ I understand that I will be contacted by Grampians Health if there is a request to share my story beyond what I have ticked above.

Signature: _____

Date: _____

Consumer Name: _____

I am the consumer / carer (circle)

Carer Name: (if applicable) _____

Email: _____

Phone no: _____

Staff Use

I have provided the above person with the consumer story information sheet and have explained the proposed use of the consumer story. I have witnessed the patient or carer signature as above.

Employee: _____

Position: _____

Signature: _____

Date: _____

Email: _____

Phone no: _____

Please provide a copy of this signed form to the participant and forward the signed form with the documented consumer story to the GH Quality team via GHQuality@gh.org.au