



Form B: Consent for mature minor participation on the OOHC Health Pathway *

To be completed by the child/young person and caseworker if they demonstrate sufficient maturity to make their own decision regarding participation on the OOHC Health Pathway (note this is generally considered to be from age 14 though in some instances may be younger as advised by a medical practitioner). If the caseworker believes that the child/young person has an intellectual disability or cognitive impairment that would prevent them from providing consent then this should be confirmed by a medical practitioner.

What is the OOHC Health Pathway?

The OOHC Health Pathway is a program run jointly by the Department of Communities and Justice and NSW Health to meet the health needs of children and young people in OOHC. Under the Pathway, your health needs are assessed and referrals to health services are provided to meet those needs. Your health is reviewed regularly to ensure your needs are being met. It is important that you are able to be involved in this process and your consent is required to protect your privacy. If at any point you want to withdraw your consent, you can do this by talking to your caseworker or OOHC Health Coordinator.

Who can access your health records?

To provide you with the best health care, your health records may be accessed by, and released to any of the following persons/organisations/practices:

- Any NSW Local Health District (this would include NSW Government hospitals, clinics or medical practitioners, and your OOHC Health Pathway Coordinator)
- NSW Department of Education
- Your General Practitioner
- Your Pediatrician and/or medical specialist
- Aboriginal Medical Service
- Other health service(s)

Any of the above persons/organisations/practices are expressly authorised to provide access to records and/or information to the Local Health District and to receive records and/or information from the Local Health District.

The section below should be completed by the child/young person:

I understand:

All children and young people entering statutory OOHC are referred to NSW Health for health assessment, planning, health services and review.

My consent is required for the exchange of my information between DCJ, NSW Health, my carer if relevant and any of the services or people listed above.

My consent is voluntary and I do not have to give consent.

My consent means that my health and medical records will be exchanged between DCJ and Health to enable my participation in the Health Pathway.

I can obtain copies of my health documentation, including information about the Health Pathway, or receive support to obtain information if it is not available to DCJ by speaking with my caseworker.

I can withdraw my consent to participate in the Health Pathway at any time by speaking with my caseworker.

I, _____ consent to:

My health and medical information being exchanged for the purposes of my participation on the OOHC Pathway as detailed above; and

Participation on the OOHC Pathway; this includes attending appointments and being involved in planning and decisions about my health.

Signature child/young person

Print name of child/young person

Date

The section below should be completed by the caseworker:

I, _____ have:

Explained the OOHC Health Pathway to

Formed the view that the child/young person has sufficient understanding to make a decision about their participation.

Signature of caseworker

Print name of caseworker

Date