LMHASSE900642

NORTHERN ADELAIDE LOCAL HEALTH NETWORK

GORDON McKAY CHILD DEVELOPMENT UNIT

Government of South Australia
SA Health

CONSENT AND AUTHORISATION TO OBTAIN/RELEASE INFORMATION

Surname: URN:

Given: D.O.B.:

Sex:

DO NOT HAND WRITE THESE DETAILS **EXCEPT WHEN** ADHESIVE BARCODE LABELS ARE UNAVAILABLE.

AUTHORISATION TO OBTAIN / RELEASE INFORMATION

I, _____

(adult/parent/guardian)

authorise the Gordon McKay Child Development Unit to obtain copies of and/or release information to relevant assessments or reports regarding my child, _____

(child's name & date of birth)

from / to the following persons / agencies (past, present and future). Please attach any relevant reports.

☐ Kudos / NDIS

☐ Community Health (e.g.Children's and Families, CAMHS, CaFHS) – Contact's name & position:

_____

☐ Child care / Kindy / School (Name of centre):

_____

☐ Department for Education / Catholic Education SA / Association of Independent School of SA

_____

☐ Paediatrician / Specialist (Name):

_____

☐ General Practitioner (Name):

_____

☐ Hospital/s (Please List):

_____

☐ NDIS / Private therapists, e.g. psychologist, speech pathologist, occupational therapist, physiotherapist, etc. (Please List):

☐ DCP:

_____

☐ Other (Please List):

AUTHORISATION TO OBTAIN/RELEASE INFORMATION – MR-CDU-002

OFFICIAL: Sensitive//Medical in confidence

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INFORMATION AND CONSENT

Your child _____ DOB: _____

has been referred to the Gordon McKay Child Development Unit (GMCDU) for a multidisciplinary assessment.

We require your consent before providing care for your child.

I acknowledge and consent to the following:

- Members of the GMCDU multidisciplinary team will review available reports and questionnaires completed by parents/carers, education staff, therapists, and other health professionals to prepare for your child's assessment.
- The GMCDU provides assessments to better understand a child's social communication, behaviour, and overall development. These assessments may involve observations, play-based activities, standardised assessments, and information gathered from caregivers and other professionals, where relevant. This assessment may or may not result in a formal diagnosis of a disability or developmental disorder.
- As part of the service, members of the GMCDU multidisciplinary team may discuss information about your child as part of the comprehensive assessment process and to support continuing professional development within the service (including through peer supervision). Please note that the information discussed may include identifiable details about your child and is not de-identified. This is to ensure the best possible outcomes for your child.
- Discussions within the GMCDU team are confidential. Your child's personal information will not be shared with individuals or services outside the clinic without your consent, unless required for safety reasons or by law.
- The outcomes of your child's assessment will be summarised in a written report and documented in clinical case notes. These records are securely stored in SA Health's electronic medical record (EMR) system in accordance with organisational policies. They may be accessed by other SA Health services involved in supporting your child, where required.
- This consent is valid for 12 months following discharge from the Gordon McKay Child Development Unit. You may withdraw your consent at any time.

I have read and understood the information above and consent to my child's participation in the CDU service under these conditions.

_____ _____

****PLEASE SIGN HERE**** **DATE**

Please return this authorisation form to Gordon McKay CDU via one of the following options:

Email: health.gordonmckaycdu@sa.gov.au (preferred method)
Post: 32 Oldham Road, Elizabeth Vale SA 5112
Fax: (08) 7117 8512 Phone: (08) 7117 8500

Northern Adelaide Local Health Network – Gordon McKay Child Development Unit

OFFICIAL: Sensitive//Medical in confidence