# **Consent to Treatment Policy annual reporting form**

# **Health Service/Agency**

1. Please select your agency:

### Consent to treatment policy annual reporting

2. Please select your reporting period

### Service policies

3.	Does your health service have policies in place which direct health practitioners on consent to treatment principles
	and processes in alignment with this policy (Section 3.0)

Yes

No

If no, please explain why

### **Consent forms**

4. Does your health service provide consent forms (containing the minimum requirements as per Section 3.5 of the policy) to be used by health practitioners when seeking explicit consent from patients.

Yes

No

If no, please explain why

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5. How does your health service use and promote Procedure Specific Information Sheets (PSIS)

# Monitoring and evaluation

6. Does your health service monitor and evaluate the effectiveness of local policies, processes and systems to ensure health practitioners are meeting their legal and professional obligations in relation to seeking patient consent (Policy Section 4)

Yes

No

If no, please explain why

# **Approvals**

Click on the "Send email' button once you have completed the form. This will create a new email with your form ready for you to sent to the next reviewer or approver.

# Chief Executive/Authorised delegate approval Approved by: Date:

Once the form is approved, click on the 'Submit final form' button. This will create an email with the form attached to submit to Executive Office Policies and Projects (<a href="mailto:eopp@health.wa.gov.au">eopp@health.wa.gov.au</a>)