

# CONSENT FORM

**Name of Consumer (Your Name):**

**NOTE:** This consent form will remain with *Midland Womens Health Card Place Inc.* for their records

To maintain our funding and increase the services we can offer. We must complete Mental Health Accreditation. We have engaged an external company **IHCA** to assist us with this process. They are an impartial company, who we are working with to complete this accreditation. As part of this process IHCA would like to interview some of our clients via the phone and review a sample of client files. All files will be deidentified, meaning they will not know whose file it is, it will not be linked back to a specific client.

I **agree/Do not agree** to take part in the external audit against the **Mental Health Accreditation** to be conducted **27 -30 April 2021** by The Institute for Healthy Communities Australia Certification Pty Ltd.

Type of Review		Type of Interview		
<b>Interview and File Review</b>	Yes      No	<please circle>	<b>Telephone</b>	
<b>Interview only</b>	Yes      No	<please circle>	<b>Telephone</b>	
<b>File Review only</b>	Yes      No	<please circle>		

I understand I may attend the opening and closing meeting of the audit. **Not Applicable.**

**Attend Meeting**

**Opening**      <please circle>

**Closing**      <please circle>

I understand that my participation is voluntary, that if I choose to participate I can withdraw at any stage. I am aware that I am entitled to have an independent advocate or support person of my choice to enable me to participate in the audit process. If you need assistance in arranging this support, please contact your organisation.

I understand that any data that the Audit Team gathers from the interview or focus group will not, under any circumstances, contain names or identifying characteristics.

I understand that any information I provide is confidential, and that no information that could identify me either directly or indirectly will be disclosed in any reports, or to any other party without written consent, unless required by law.

<b>Participant's Name:</b>	
<b>Signature:</b>	(service user, decision-maker or legal guardian)
<b>Date:</b>	