The Dudley Group
NHS Foundation Trust

Homecare Service - Consent Form

Homecare Service – Patient Information & Consent Form			
Patient name:		Patient hospital/NHS number:	

➢ I have been appropriately informed about the homecare service that my prescriber is referring me into, and I have given my full consent for the Homecare Service and to receive voicemail, text or emails from the associated company.
➢ I understand that I can withdraw from the homecare service at any time by contacting my clinical team.
➢ I authorise the hospital's chosen homecare provider and any other subcontracted parties, to hold and use my personal information for the purpose of providing the Homecare Service
➢ I have been directed to the hospital's Privacy Notice http://www.dgft.nhs.uk/about-us/patient-privacy-and-accessibility/ via the trusts website. This includes a description of how my personal data will be managed, who by and my rights regarding my personal data.
➢ I understand that my homecare prescriptions will be sent directly to the hospital's chosen homecare provider via post (or electronically) and for them to supply me with medicines and associated items requested by the hospital. I understand that the hospital's chosen homecare company may request repeat prescriptions on my behalf from my prescriber.
➢ I understand that the hospital may change the chosen homecare provider with appropriate notification to me.
➢ I understand that to receive repeated prescriptions, I must still attend my regular hospital and G.P. appointments (including blood testing appointments) so that my health is monitored effectively and the hospital can ensure the treatment and homecare service provided is appropriate for me.
➢ I understand that all deliveries must be signed for by an adult and I may be contacted to verify the homecare services provided to me.
➢ I understand that I may occasionally be contacted to obtain feedback on my satisfaction with the service.
➢ I understand that if I am not able to or do not comply with the service requirement I will be withdrawn from the homecare service. If I am withdrawn from the homecare service the hospital will make reasonable efforts to find an alternative treatment solution for me and/or refer me back to my G.P for reassessment of my needs.
➢ I understand that I may be sent information about additional, optional patient support programmes that may be available alongside my homecare service. I understand that I can withdraw from any patient support programme(s) at any time by contacting my clinical team.
➢ I understand that this homecare service, and any patient support programmes may be funded by a pharmaceutical company.
➢ I authorise my prescriber and appropriate trust Pharmacist to access my Summary Care Records when necessary, which will provide access to a list of all medication(s) prescribed and discontinued for me by my GP.

Patient Signature:		Print name:		Date:	
If not signed by patient, state relationship to patient:					