

Homecare Informed Consent Record



East Lancashire Hospitals

NHS Trust

Name of patient:	NHS Number:
Hospital number (RXR):	GP Practice: GP phone number:
Address:	Date of birth:
	Telephone:
	Postcode:
Disclaimer: Due to COVID-19 restrictions there are limited face to face clinics available to obtain written consent. Any returned forms from e-mails verified during the counselling procedure will be taken as implied consent.	
	I have been appropriately informed about the homecare service that my prescriber is referring me into.
	I understand that I can withdraw from the homecare service at any time by contacting my clinical team.
	I have been directed to, or provided a copy of, the hospital's Privacy Notice which 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 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 I must still attend my regular hospital and G.P. 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	I understand that if I am not able to or do not comply with the service requirement I will be withdrawn from the homecare service. If I am withdrawn from the homecare service the hospital will make reasonable efforts to find an alternative treatment solution for me and/or refer me back to my G.P for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.

Patient Signature: _____

If not signed by patient, state relationship to patient: _____

Please e-mail the completed form to elht.pharmacyhomecare@nhs.net or return by post to Pharmacy Homecare team, Royal Blackburn Hospital, Haslingden Road, Blackburn, BB2 3HH Telephone 01254 732572

This form is not used for the purposes of obtaining consent for the sharing of personal data. Personal data will be shared with other organisations under Article 6 1(e) and Article 9 2(h) of the General Data Protection Regulations. For further information please refer to:

<https://www.elht.nhs.uk/about-us/data-protection-confidentiality-and-fair-processing>

How to fill out and return this form:

- 1) Download this form from the ELHT website at:
www.elht.nhs.uk/services/homecare and save it to your PC.
- 2) Fill out the form by entering your personal details and clicking to each statement you consent to (if any statements are not consented you may not be eligible for the homecare service).
- 3) Once the form is completed please return it via either e-mail or post to the address below.
- 4) If there are any issues please contact the homecare team on the number below.

Postal address to return form:

Pharmacy Homecare,
Royal Blackburn Hospital,
Haslingden Road,
Blackburn, BB2 3HH

E-mail address to return form:

Elht.pharmacyhomecare@nhs.net

Please e-mail the completed form to elht.pharmacyhomecare@nhs.net or return by post to Pharmacy Homecare team, Royal Blackburn Hospital, Haslingden Road, Blackburn, BB2 3HH
Telephone 01254 732572