

### Irrigation Kit and Conseal Plug Authorisation Form

### **Restrictions on use**

Patients must be assessed by an authorised health professional.

An **authorised health professional** can be a stomal therapy nurse, nurse practitioner, registered nurse, or registered medical professional.

#### **Privacy notice**

Your personal information is protected by law including the *Privacy Act 1988* and is being collected by your stoma association for the purpose of issuing the irrigation set or conseal plugs as requested by your health professional.

You can get more information about the way in which your stoma association will manage your personal information, including its Privacy Policy at <u>australianstoma.com.au/privacy-policy</u>

### **Patient Consent**

I, the patient, declare that:

 I consent to the collection of my personal information, including sensitive information, by my stoma association and the Australian Council of Stoma Associations Inc for the purposes indicated in this form.

Full name of patient

Signature of patient

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Date

# Declaration of eligibility by authorised health professional

The patient requires an order from their stoma association for: (please tick relevant item)

- $\Box$  an initial irrigation kit set
- $\Box$  conseal plugs.

I, the authorised health professional declare that:

- the patient has received education from me or has agreed to return to me for education and training on irrigation or use of conseal plug before attempting to use these items.
- the relevant surgeon has been consulted and agrees that irrigation is appropriate for this patient.

Full name of authorised health professional

Professional title

Signature of authorised health professional

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Date

## Note: The irrigation kit must be ordered within two months of this authorisation date

**Stoma association details** 

To be completed and signed by patient's stoma association.

Full name of patient

Stoma association membership number

Name of nominated stoma association

Name of stoma association's authorised person

Signature of stoma association's authorised person

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Date