

Irrigation Kit Authorisation Form

Privacy notice

Your personal information is protected by law including the Privacy Act 1988 and the Australian Privacy Principles and is being collected by your Stoma Association for the primary 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

australianstoma.com.au/privacy-policy

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 (ACSA) for the purposes indicated in this form.

Full name of patient	
Signature of patient	
<u>k</u> ı	
Date / /	

Authorisation to order product Authorised health professional

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

the patient to order from their Stoma Association:

I authorise:

□ an initial Irrigation kit set; or
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 I, the authorised health professional declare that: the patient has received education from, or has agreed to return to me for education and training on irrigation o 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
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's details To be completed and signed by patient's Stoma Association
Full name of patient
Patient Stoma Association membership number
Name of nominated Stoma Association
Signature of Stoma Association's authorised person
Date