



CONSENT TO AUTHORISE MELBOURNE IVF TO REQUEST CHILD PROTECTION ORDER CHECK

Full name of Patient: _____ DOB: _____

Full name of Partner: _____ DOB: _____

Address: _____

MIVF number of patient: _____

1. I / We understand that under the Assisted Reproductive Treatment (ART) Act 2008 if I / we have been the subject of a child protection order removing a child from my/our custody or guardianship then there is a presumption against providing treatment to the patient.
2. I/We therefore give my/our consent to a check being performed by the Department of Human Services Victoria (DHS)
3. I /We understand that I / We may not proceed with ART treatment at Melbourne IVF until such time as the results of both a Criminal Record Check (CRC) and Child Protection Order Check (CPOC) are provided to Melbourne IVF and no presumption against treatment is shown to exist under the ART Act (2008).
4. I / We understand that I / we are required to complete an "Application for child protection check" form which is to be forwarded to Melbourne IVF.
5. I / We hereby provide consent for Melbourne IVF, upon receiving the application form from me/us, to forward the application to the DHS and request that a child protection check is performed in my / our name(s). I / We understand that the results of this CPC will be directly forwarded to Melbourne IVF.
6. I understand that a Child Protection Order check involves Child Protection Services (Children, Youth and Families) providing a statement to the Clinic about whether or not a child has been removed from my/our custody or guardianship.
7. I acknowledge that I have been provided with an information pamphlet regarding Child Protection Order Checks and have been given an opportunity to ask questions.

Consent to Health Information being utilised for licensing, regulatory and Accreditation Purposes:

1. I/We understand that MIVF and RWH are bound by the requirements of the applicable Privacy laws with respect to the management of patient health information and I/we may request a copy of the MIVF and RWH Privacy Policy.
2. I/We understand that MIVF / RWH is required to provide statistical data to meet statutory licensing and regulatory requirements under the ART Act (2008) and also the Fertility Society of Australia's Reproductive Treatment Accreditation committee (RTAC) for accreditation purposes and that my/our health records held by MIVF/RWH may be accessed for these purposes.
3. I/We understand that MIVF and RWH staff will be required to access our personal treatment information and that this information (de-identified) may be used for research and quality assurance purposes.
4. I/We understand that, if our health records are accessed for the purposes described above, strict confidentiality requirements apply.
5. I consent to Melbourne IVF discussing the results of the CPOC and the CRC with my partner and understand that if a presumption against treatment is found to exist Melbourne IVF will be prohibited by law from providing treatment to the patient.
6. I understand that a person may apply to the Patient Review Panel established under the ART Act2008 for a review if a presumption against treatment applies.

SIGNATURES:

Signed: _____
(Patient)

Witness: _____

Date: _____

Signed: _____
(Partner)

Witness: _____

Date: _____