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| **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**](https://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   |  | | --- | | ✍ |   Date   | / / | | --- | | **Authorisation to order product**  **Irrigation Kit**  **Authorisation Form**  ***Authorised health professional***   * An **authorised health professional** can be either: * stomal therapy nurse, nurse practitioner, registered nurse, or a registered medical professional.   I authorise:   * the patient to order from their Stoma Association: * an initial Irrigation kit set; or * conseal plugs (please tick relevant item).   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 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   |  | | --- | |  |   Signature of authorised health professional   |  | | --- | | ✍ |   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   |  | | --- | | / / | |