

Home Oxygen Consent Form (HOCF)
Patient agreement to sharing information (to enable the supply of home oxygen)



Form issued by: Unit / Surgery (Name, address and contact telephone number)		
Person obtaining consent:		
Print	Signature	Title
Patient name & HOME address:		
D.O.B.: __ __ / __ __ / __ __ __ __		
NHS number: _____ / _____ / _____		
Patients Telephone Number: _____		

I am the patient* named above / I have parental responsibility for the child* named above. My doctor or member of my care team has explained the arrangements for supplying oxygen at home. I understand these arrangements.

I understand that my doctor or member of my care team will give the Oxygen Supplier information about my diagnosis and physical condition* / the diagnosis and physical condition for my child*. This is to enable the Supplier to deliver a system, which will match the need for oxygen. I also understand that information will be exchanged between my hospital care team, my GP or home care team.

Information: I agree to the exchange of information between my doctor or member of my care team and the Oxygen Supplier about my* / my child's* diagnosis and physical condition. I understand that the Oxygen Supplier will keep information confidential. The Supplier will not give information to anyone else without my consent, except relevant information provided to check payments to the supplier (see below). I also agree to the exchange of information between my hospital care team, my GP or home care team.

Access: I also agree to give the supplier reasonable access to my home, so that the supplier can install, service and remove the oxygen system as required.

NHS payments to the supplier: To enable the NHS to prevent and detect any fraud or incorrectness, I consent to the disclosure of relevant information to and by the Oxygen Supplier, my doctor or member of my care team, my Primary Care Trust/Local Health Board, Health Trust, the Prescription Pricing Authority and the NHS Counter Fraud and Security Management Service.

I understand that I may, if I wish, withdraw my consent at any time.

Patients Signature: _____ Date: _____ or,

I confirm that I have 'parental responsibility' for the above named child*.

Parent's Signature: _____ Date: _____

Name (PRINT): _____ Relationship to child: _____

Guidance notes:

Please complete all areas

Who can give consent?

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed", then he or she will be competent to give consent for himself or herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this form for themselves, but may like a parent to countersign as well.

If the child is not able to give consent for himself or herself, some-one with parental responsibility may do so on their behalf. Even where a child is able to give consent for himself or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so.

If a patient is mentally competent to give consent but is physically unable to sign a form, complete this form and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

Adult patient (18 or over) lacks capacity to give or withhold consent. Please follow local procedures.

Guidance on the law on consent

See the Department of Health publications Reference guide to consent for examination or treatment and Seeking consent: working with children for a comprehensive summary of the law on consent (also available at www.doh.gov.uk/consent).