**[EXAMPLE: PATIENT TO OPT-OUT OF THE DUTY OF CANDOUR PROCESS]**

*[Note: This form is intended as an* ***example*** *of a statement where a patient who has suffered a serious adverse patient safety event (SAPSE) at a health service entity, wants to opt-out of the duty of candour process under either section 128ZC(2) of the Health Services Act 1988, section 22I(2) of the Ambulance Services Act 1986 or section 345B(2) of the Mental Health Act 2014. While this form is intended only as an example, these Acts require that a person* ***must*** *provide a health service entity with a signed statement to formally opt-out.]*

***[Health service entities should review this form with their legal team before adapting it for use. Delete [square brackets] once considered and actioned]***

I, [patient name], confirm that [health service entity] has explained to me that as I have suffered a serious adverse patient safety event while under their care, I am entitled to an apology and an explanation from [health service entity], known as a duty of candour.

It has been explained to me that [health service entity] must provide me with:

* a written account of the facts regarding the event
* an apology for the harm suffered
* a description of [health service entity]’s response to the event, and
* the steps that [health service entity] has taken to prevent a re-occurrence of the event for others.

[Health service entity] will also have to comply with the steps set out in the *Victorian Duty of Candour Guidelines. (*Available at the Safer Care Victoria website: <https://www.safercare.vic.gov.au/support-training/adverse-event-review-and-response/duty-of-candour>.)

While I have been informed of this legal right, I, [patient name] in accordance with the relevant Acts[[1]](#footnote-2), choose not to receive any information outlined above.

[Health service entity] has explained to me that I can change my mind and choose to receive the information outlined above or re-initiate the duty of candour process at any time. [Health service entity] has provided me with the contact details of the Consumer liaison officer, [name and contact details], who I can contact should I wish to reinitiate the duty of candour process.

Signed by patient: ………………………………………………………………………………………………….

Name: ……………………………………………………………………………………………………………………

Date: ……………………………………………………………………………………………………………………..

Witnessed by: ………………………………………………………………………………………………………

Name: ………………………………………………………………………………………………………………….

***NOTE: The patient should receive a copy of this signed statement for their records.***

**[EXAMPLE: FAMILY/CARER/NEXT-OF-KIN/PATIENT REPRESENTATIVE TO OPT-OUT OF DUTY OF CANDOUR PROCESS]**

*[Note: This form is intended as an* ***example*** *of a statement where a patient has suffered a serious adverse patient safety event (SAPSE) at a health service entity, and the patient lacks capacity or has died, and the patient’s family/carer/next-of-kin or representative wants to opt-out of the duty of candour process under either section 128ZC(2) of the Health Services Act 1988, section 22I(2) of the Ambulance Services Act 1986 or section 345B(2) of the Mental Health Act 2014. While this form is intended only as an example, these Acts require that a person* ***must*** *provide a health service entity with a signed statement to formally opt-out of the process.]*

***[Health service entities should review this form with their legal team before adapting it for use. Delete [square brackets] once considered and actioned]***

I, [name], in my capacity as [immediate family/carer/next of kin/representative] of [patient name] confirm that [health service entity] has explained to me that as [patient name] has suffered a serious adverse patient safety event while under their care, [health service entity] owes a duty of candour to me as the [immediate family/carer/next of kin/representative].

It has been explained to me that [health service entity] must provide me with:

* a written account of the facts regarding the event
* an apology for the harm suffered
* a description of [health service entity]’s response to the event, and
* the steps that [health service entity] has taken to prevent a re-occurrence of the event for others.

[Health service entity] will also have to comply with the steps set out in the *Victorian Duty of Candour Guidelines.* (Available at the Safer Care Victoria website: <https://www.safercare.vic.gov.au/support-training/adverse-event-review-and-response/duty-of-candour>.)

While I have been informed of this legal right, I, [name] in my capacity as [immediate family/carer/next of kin/representative] of [patient name], in accordance with the relevant Acts[[2]](#footnote-3), choose to not receive any information outlined above.

[Health service entity] has explained to me that I can change my mind and choose to receive the information outlined above or re-initiate the duty of candour process at any time. [Health service entity] has provided me with the contact details of the Consumer liaison officer, [name and contact details], who I can contact should I wish to reinitiate the duty of candour process.

Signed by patient representative: ………………………………………………………………………….

Name: ……………………………………………………………………………………………………………………

Date: ……………………………………………………………………………………………………………………..

Witnessed by: ……………………………………………………………………………………………………….

Name: ……………………………………………………………………………………………………………………

***NOTE: The immediate family/carer/next of kin/representative should receive a copy of this signed statement for their records.***

1. Section 128ZC(2) of the *Health Services Act 1988*, or section 22I(2) of the *Ambulance Services Act 1986, or section* 45B(2) of the *Mental Health Act 2014*. [↑](#footnote-ref-2)
2. Section 128ZC(2) of the *Health Services Act 1988*, or section 22I(2) of the *Ambulance Services Act 1986, or section* 45B(2) of the *Mental Health Act 2014*. [↑](#footnote-ref-3)