

## **Australian Open Disclosure Framework**

**Supporting materials and resources**

# **Open disclosure documentation and discussion summary template**

**Adapt this template to suit your local context and setting**

Affix patient ID sticker or clearly enter details below

Patient's full name	
URN or ID (if applicable)	
Date of birth	

**Open disclosure discussion - summary** complete this form following each open disclosure discussion with patient, family, carer(s) or other support persons, and file in the appropriate section of the medical record

**Date of incident:** \_\_\_\_\_

**Date of discussion:** \_\_\_\_\_

**Mode of communication** (face-face, telephone, VC): \_\_\_\_\_

**Staff member who led open disclosure discussion**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

**Other staff present** (list names and positions)

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

**Name of patient's support persons who attended the meeting**

Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

**Brief factual summary of incident**

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_____
_____
_____
_____

**Summary of all points explained to patient and support persons**

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Was an **apology** or **expression of regret** offered? (please circle)

If not, why? \_\_\_\_\_

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**Summary of support offered to patient and support persons and responses to offers:** \_\_\_\_\_

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**Health service contact** (staff member assigned as point of contact for patient and support persons)

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Plans for follow-up:** \_\_\_\_\_

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Date of next meeting (if arranged): \_\_\_\_\_

**We hereby confirm that this is an accurate reflection of the discussion:**

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Patient / support signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Template only