

Consent to share information

Purpose: to record freely given informed consumer consent to share their information with a specific agency/ies for a specific purpose/s.

Consumer

Name: _____ Date of Birth: dd/mm/yyyy ____ / ____ / ____

Sex: _____ UR Number: _____

or affix label here

Section 1: Personal/health information to be shared

Service Type Examples: • physiotherapy • counselling	Name of Agency Examples: • Strawberry Community Health centre • Blueberry City Council	Type of Information Examples: • all relevant information • exceptions as stated by consumer	Purpose/s Examples: • referral • shared care/case planning • informing services participating in consumer's care

Section 2: Record of consent

☐ Written consumer consent

The worker/practitioner/other has discussed with me how and why certain information about me may be shared with other service providers, as above. I understand this and I give my consent for the information to be shared.

Signed: _____ Dated (dd/mm/yyyy): ____ / ____ / ____

☐ or Verbal consumer consent

I have discussed with the consumer how and why certain information may be shared with other service providers. I am satisfied that this has been understood and that informed consent for the information to be shared as detailed above has been given.

or

☐ Consumer does not have the capacity to provide consent

(that is, they do not understand the nature of what they are consenting to, or the consequences)

☐ Consent given by authorised representative _____

☐ There is no Authorising representative or they were uncontactable; therefore, the information will be shared as set out in the Health Records Act 2001*

*If it is not reasonably practical to obtain consent from an authorised representative or the consumer does not have an authorised representative, health information can still be shared in the circumstances set out in the Health Records Act 2001. This includes where the sharing of information is done by a health service provider and is reasonably necessary for the provision of a health service or where there is a statutory requirement.

To ensure that the consumer's authorised representative can make an informed decision about consenting to the sharing of information as detailed above, the worker/practitioner should (tick when completed):

1. Discuss with the consumer the proposed sharing of information with other services/agencies
2. Explain that the consumer's information will only be shared with these services/agencies if the consumer has agreed and, when referring, advise that referral for service can still proceed if the consumer does not want information disclosed
3. Provide the consumer with information about privacy, such as the brochure Your Information – It's Private
4. Provide the consumer with a copy of this form once completed.

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This information collected by:

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Name: _____ Position/Agency: _____ Sign: _____

Date: ____ / ____ / ____ Contact number: _____ Email: _____