

# Consumer Consent to Share Information

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

<p><b>Consumer</b></p> <p>Name: _____</p> <p>Date of Birth: dd/mm/yyyy / /</p> <p>Sex: _____</p> <p>UR Number: _____</p> <p style="text-align: center;">or affix label here</p>
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## Section 1: Proposed Information Uses and Disclosures

The following service(s) are recommended. It is also recommended that relevant information is forwarded to the agency(s) that provide these services, in order that consumers receive the best possible care.

Service Type <small>Code:</small> Examples: – Physiotherapy – Specialist consultant	Name of Agency Examples: – Any agency – Nominated clinic	Type of Information <i>(including limits as applicable)</i> Examples: – All relevant information – Test results only

## Section 2: Record of Consumer Consent

2(A) Written Consumer Consent                      Or

<p>2(a)</p> <p><i>My worker/practitioner has discussed with me how, and why certain information about me may need to be provided to other service providers.</i></p> <p><i>I understand the recommendations and I give my permission for the information to be shared as detailed above.</i></p> <p>Signed: _____</p> <p>Date: dd/mm/yyyy / /</p> <p>Signed by: <input type="checkbox"/> Consumer OR <input type="checkbox"/> Authorised Representative</p> <p>Name: _____</p> <p>Witnessed: _____ <small>(Worker/Practitioner)</small></p> <p>Worker/Practitioner Name: _____</p> <p>Position: _____</p>
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2(B) Verbal Consent

<p>2(b)</p> <p>Worker/Practitioner Use Only</p> <p>Verbal consent should only be used where it is not practicable to obtain written consent.</p> <p><i>I have discussed the proposed referrals with the consumer or authorised representative and I am satisfied that the consumer understands the proposed uses and disclosures, and has provided their informed consent to these.</i></p> <p>Signed: _____ <small>(Worker/Practitioner)</small></p> <p>Date: dd/mm/yyyy / /</p> <p>Worker/Practitioner Name: _____</p> <p>Position: _____</p>
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To ensure the consumer is able to make an informed decision about consent to the disclosure of their information, the service provider should: (tick when completed)

1. Discuss with the consumer the proposed referral to other services/agencies
2. Explain that the consumer's information will only be released to these services if the consumer has agreed and advise that the 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 if requested (see guidelines) once completed

Produced by the Victorian Department of Human Services, 2006

This information collected by:		CCSI Page 1 of 1
Name: _____	Position/Agency: _____	
Sign: _____	Date: dd/mm/yyyy / /	Contact number: _____