

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>Consumer</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>

Section 1: Proposed Information Uses and Disclosures

Service Type Examples: – Physiotherapy – Specialist consultant	Name of Agency Examples: – Any agency – Nominated clinic	Type of Information (including limits as applicable) Examples: – All relevant information – Test results only	Purpose/s Examples: – Referral – Care coordination

Section 2: Record of Consumer Consent

2(a) Written Consumer Consent Or

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

Signed: _____

Dated: dd/mm/yyyy / /

Signed by:

Consumer OR

Authorised representative on behalf of:

(Consumer)

Witnessed by:

Signed: _____

(Worker/Practitioner)

Dated: dd/mm/yyyy / /

Worker/Practitioner Name: _____

Position: _____

2(b) Verbal Consumer Consent

Worker/Practitioner Use Only

Verbal consent should only be used where it is not practicable to obtain written consent.

I have discussed with the consumer/consumer's authorised representative 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.

Signed: _____

(Worker/Practitioner)

Dated: dd/mm/yyyy / /

Worker/Practitioner Name: _____

Position: _____

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To ensure the consumer/consumer's authorised representative is able to make an informed decision about consent 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 if requested (see guidelines) once completed

Produced by the Victorian Department of Human Services, 2009

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