

Can we share information about you?



You must give us permission before we can give out information about you.



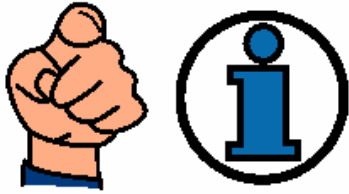
1 Read this form



2 Understand this form



3 Sign this form



Your personal information

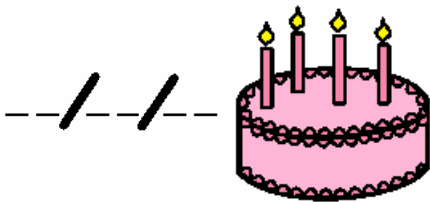


You **do not** have to write on this page.

We can write for you.



My name



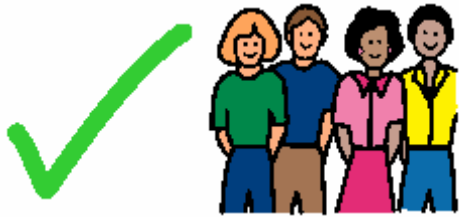
My date of birth. Write the day, month and year.







I am a man or boy



I am a lady or girl

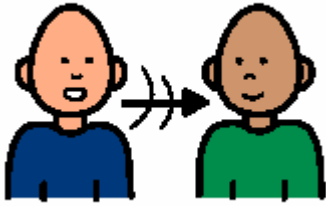


Today you can give my information to

 Person For example, My doctor	 Where the person works For example, the name of the clinic	 Type of information For example, my test results	 Reason to give my information For example, to change your medicine

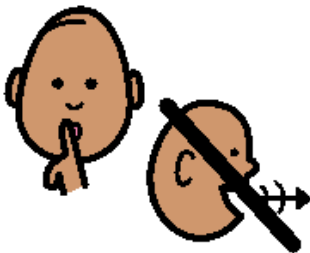
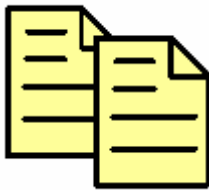


Today you must not give information to



What we must talk to you about

- We can only share the information you give on this form.
- You can say **no** we cannot share information about you. We can still give you a service.
- We will keep a copy of this form
- You will get a copy of this form.



You can get more information about how we look after your private information. You can look at the brochure called **Your information is private**.



I say yes to the information in this form.



The date today. Write the day, month and year.



My name



My signature

OR

You can ask a person to sign for you.

The person must be legally allowed to sign for you. This person is called your representative.

Turn the page.

Representative name

Representative's signature

Also, a witness must sign this form.



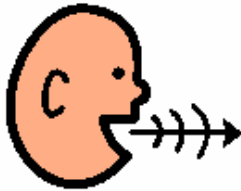
Witness name



Witness signature



Staff can use this form



**I have verbal permission from the person
or the person's representative**

I have talked to the person or the person's
representative about sharing their information.

I have talked about

- why I am sharing their information
- who I am sharing their information with.

I am happy that the person or the person's
representative

- understands and
- gives permission.

Staff signature _____

Date _____

Day, month and year

Staff name _____

Position _____

Information about this document

This Consumer Consent to Share Information is written in Easy English. You might need more information from

- your service provider
- the person who gave you this flyer.

For the original **Consumer Consent to Share Information** contact

- your service provider
- the person who gave you this flyer
- <http://www.health.vic.gov.au/pcps/coordination/index.htm>.

This is version 1 of the Easy English form, produced by Scope, June 2009. You can find more information at www.scopevic.org.au.

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