

服务使用者 资料共享同意书

Consumer Consent to Share Information

记录服务使用者自主向特定机构提供用于特定目的的资料共享知情同意书。

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

服务使用者

Consumer

姓名:

Name:

出生日期: 日/月/年 / /

Date of Birth: dd/mm/yyyy / /

性别:

Sex:

UR号:

UR Number:

或在此贴上标签
or affix label here

第一部分：拟议资料的使用和披露

Section 1: Proposed Information Uses and Disclosures

服务类型 Service Type 例如: - 物理疗法 - 专家诊疗 Examples: - Physiotherapy - Specialist consultant	机构名称 Name of Agency 例如: - 任何机构 - 指定诊所 Examples: - Any agency - Nominated clinic	资料类型 (可包括相关情况的限制条件) Type of Information (including limits as applicable) 例如: - 所有相关资料 - 仅限于测试结果 Examples: - All relevant information - Test results only	目的 Purpose/s 例如: - 转介 - 护理协调 Examples: - Referral - Care coordination

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第二部分：服务使用者同意书记录

Section 2: Record of Consumer Consent

2(a) 服务使用者书面同意书 或
2(a) Written Consumer Consent Or

我的护理人员/医师已和我就为何及如何向其它服务机构共享有关本人的特定资料做过讨论。我清楚这些推荐意见，并知情同意共享上述资料。

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.

签字：_____

Signed: _____

日期：日/月/年 / /

Dated: dd/mm/yyyy / /

签字：_____

Signed by:

服务使用者 或

Consumer OR

授权代表以下人士：

Authorised representative on behalf of:

(服务使用者)

(Consumer)

见证人：

Witnessed by:

签名：_____

(护理人员/医师)

Signed: _____

(Worker/Practitioner)

日期：日/月/年 / /

Dated: dd/mm/yyyy / /

护理人员/医师姓名：_____

Worker/Practitioner Name: _____

职务：_____

Position: _____

2(b) 口头同意书
2(b) Verbal Consumer Consent

仅限护理人员/医师使用
Worker/Practitioner Use Only

口头同意书仅在无法获取书面同意书时方可使用。
Verbal consent should only be used where it is not practicable to obtain written consent.

我已和服务使用者/其授权代表讨论过，某些资料如何、为何与其他服务机构共享。我确信相关人士对此已经明白，而且已经在此就上述资料共享事宜提供了知情同意。

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.

签名：_____

(护理人员/医师)

Signed: _____

(Worker/Practitioner)

日期：日/月/年 / /

Dated: dd/mm/yyyy / /

护理人员/医师姓名：_____

Worker/Practitioner Name: _____

职务：_____

Position: _____

为确保服务使用者/服务使用者授权代表能够对是否同意上述共享资料做出知情决定，护理人员/医师应：（完成后请打勾）
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. 与服务使用者讨论转介至其它服务/机构的建议
1. Discuss with the consumer the proposed sharing of information with other services/agencies
2. 向服务使用者解释说明，其资料仅披露给服务使用者同意的服务/机构，并说明即使其不希望披露资料，但仍可继续获得转介服务
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. 为服务使用者提供有关隐私权的资料，如《您的资料——全属隐私》手册
3. Provide the consumer with information about privacy, such as the brochure 'Your Information – It's Private'
4. 填写完毕后，根据服务使用者的要求，向其提供一份
4. Provide the consumer with a copy of this form if requested (see guidelines) once completed

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This information collected by:		CCSI Page 2 of 2
Name: _____	Position/Agency: _____	
Sign: _____	Date: dd/mm/yyyy / /	Contact number: _____