

Consumer Consent 服务使用者同意表

To specified use / disclosure of information
用于指定的用途/资料透露

Agency Contact Details
机构联络详情

To ensure the consumer is able to make an informed decision about consent to the disclosure of their information, the practitioner should

(✓ tick when completed)

为确保服务使用者能够对是否同意透露其资料做出知情决定, 服务提供者应:

(请在完成时打勾✓)

1. Discuss with the consumer the proposed referral to other services/agencies

1. 与服务使用者讨论拟推荐给其他服务/机构事宜 _____

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

2. 解释说明服务使用者的资料只有在服务使用者同意下才会透露给这些机构, 并且告诉服务使用者即使不想透露资料, 也仍然能够继续推荐给这些服务机构 _____

3. Provide the consumer with information about privacy, such as the brochure *Your Information—It's Private*

3. 向服务使用者提供私隐方面的资料, 如《您的资料是个人私隐》手册 _____

4. Provide the consumer with a copy of this form, once completed

4. 一旦完成之后, 向服务使用者提供一份此表 _____

Section 1: Proposed Information Uses and Disclosures

第1部份: 拟议资料使用与透露

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.

建议使用以下服务, 并且还建议将有关资料转交提供这些服务的机构, 以便让服务使用者尽可能获得最佳护理。

Type of Service Examples: - Physiotherapy - Specialist consultant 服务类型 例如: - 物理治疗 - 专家诊疗	Name of Agency Examples: - Any agency - Nominated clinic 机构名称 例如: - 任何机构 - 指定诊所	Type of Information (including limits as applicable) Examples: - All relevant information - Test results only 资料类型(含有关限制条件) 例如: - 所有相关资料 - 仅限于试验结果

Section 2: Record of Consumer Consent 第2部份: 服务使用者同意记录

2(A) Written Consumer Consent

Or

2(B) Verbal Consent

2(A) 书面服务使用者同意

或

2(B) 口头同意

2(a)

My practitioner has discussed with me how, when and why certain information about me may need to be provided to other agencies.

服务提供者已经与本人讨论本人的一些个人资料可能需要提供给她机构的方式、时间及原因。

I understand the recommendations and I give my permission for the information to be shared as detailed above.

本人明白这些建议并且同意该资料按以上详述之方式进行分享。

Signed:

Date:

签名:

日期:

(Consumer OR Authorised Representative)
(服务使用者或受权代表)

Consumer Name:

服务使用者姓名:

Witnessed:

见证人:

(Practitioner)

Practitioner Name:

(服务提供者)

服务提供者姓名:

Role:

职位:

2(b)

Practitioner Use Only

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

仅供服务提供者使用

只有在不可能获得书面同意下才可以使用口头同意。

I have discussed the proposed referrals with the consumer. I am satisfied that the consumer understands the proposed uses and disclosures, and has provided their informed consent to these.

本人已经与服务使用者讨论了拟议的推荐。本人确信该服务使用者明白所拟议的使用和透露并且为此提供了其知情同意。

Signed:

Date:

签名:

日期:

(Practitioner)
(服务提供者)

Practitioner Name:

服务提供者姓名:

Role:

职位: