

# Consumer Consent 服務使用者同意表

To specified use / disclosure of information  
用於指定的用途/資料透露

Agency Contact Details  
機構聯絡詳情

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)

為確保服務使用者能夠對是否同意透露其資料做出知情決定，服務提供者應：

(請在完成時打勾✓)

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

1. 與服務使用者討論擬推薦給其他服務/機構事宜 \_\_\_\_\_

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. 解釋說明服務使用者的資料祇有在服務使用者同意下才會透露給這些機構，並且告訴服務使用者即使不想透露資料，也仍然能夠繼續推薦給這些服務機構 \_\_\_\_\_

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

3. 向服務使用者提供私隱方面的資料，如《您的資料是個人私隱》手冊 \_\_\_\_\_

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

4. 一旦完成之後，向服務使用者提供一份此表 \_\_\_\_\_

## Section 1: Proposed Information Uses and Disclosures

### 第1部份: 擬議資料使用與透露

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.

建議使用以下服務，並且還建議將有關資料轉交提供這些服務的機構，以便讓服務使用者盡可能獲得最佳護理。

Type of Service 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
服務類型	機構名稱	資料類型(含有關限制條件)
例如: – 物理治療 – 專家診療	例如: – 任何機構 – 指定診所	例如: – 所有相關資料 – 僅限於試驗結果

## Section 2: Record of Consumer Consent 第2部份: 服務使用者同意記錄

2(A) Written Consumer Consent

Or

2(B) Verbal Consent

2(A) 書面服務使用者同意

或

2(B) 口頭同意

2(a)

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

服務提供者已經與本人討論本人的一些個人資料可能需要提供給其他機構的方式、時間及原因。

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

本人明白這些建議並且同意該資料按以上詳述之方式進行分享。

Signed:

Date:

簽名:

日期:

(Consumer OR Authorised Representative)  
(服務使用者或授權代表)

Consumer Name:

服務使用者姓名:

Witnessed:

見證人:

(Practitioner)  
(服務提供者)

Practitioner Name:

服務提供者姓名:

Role:

職位:

2(b)

Practitioner Use Only

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

僅供服務提供者使用

祇有在不可能獲得書面同意下才可以使用口頭同意。

*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.*

本人已經與服務使用者討論了擬議的推薦。本人確信該服務使用者明白所擬議的使用和透露並且為此提供了其知情同意。

Signed:

Date:

簽名:

日期:

(Practitioner)  
(服務提供者)

Practitioner Name:

服務提供者姓名:

Role:

職位:

Office Use Only: If information becomes superseded, indicate below and record updated information on a new form

The information of this form has been superseded

Date:

Name:

Sign: