

# Consumer Consent

To Specified Use/Disclosure of Information

Agency Contact Details

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)

1. Discuss with the consumer the proposed referral to other services/agencies. \_\_\_\_\_
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. \_\_\_\_\_
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, once completed. \_\_\_\_\_

## Section 1: Proposed Information Uses and Disclosures

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.

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

## Section 2: Record of Consumer Consent

2(A) Written Consumer Consent

Or

2(B) Verbal Consent

2(a)

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

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Consumer OR Authorised Representative)

Consumer Name: \_\_\_\_\_

Witnessed: \_\_\_\_\_  
(Practitioner)

Practitioner Name: \_\_\_\_\_

Role: \_\_\_\_\_

2(b)

Practitioner Use Only

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

*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.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Practitioner)

Practitioner Name: \_\_\_\_\_

Role: \_\_\_\_\_

Department of Human Services

1620402A



Office Use Only: If information becomes superseded, indicate below and record updated information on a new form

The information on this form has been superseded

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Sign: \_\_\_\_\_