

Consent to share information

共享資訊同意書

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

目的：記錄消費者自由作出的出於特定目的與特定機構共享其資訊的知情同意。

Consumer

消費者

Name:

姓名：

Date of Birth: dd/mm/yyyy / /

生日：日日/月月/年年年年 / /

Sex:

性別：

UR Number:

UR號：

or affix label here
或在此附上標籤

Section 1: Personal/health information to be shared

第一部分：共享的個人/健康資訊

Service Type 服務類別 Examples: - Physiotherapy - counseling 例如： - 理療 - 心理輔導	Name of Agency 機構名稱 Examples: - Strawberry Community Health centre - Blueberry City Council 例如： - Strawberry社區健康中心 - Blueberry市議會	Type of Information 資訊類別 Examples: - all relevant information - exceptions as stated by consumer 例如： - 所有相關資訊 - 消費者申明的例外情況	Purpose/s 目的： Examples: - referral - shared care/case planning - informing services participating in consumer's care 例如： - 轉介 - 共享照顧/個案規劃 - 通知參與消費者照顧的服務機構

Section 2: Record of consent

第二部分：同意的記錄

Written consumer consent
 消費者書面同意

The worker/practitioner has discussed with me who and why certain information about me may be shared with other service providers, as above. I understand this and I give my consent for the information to be shared.
如上所述，工作人員/執業人員已和我討論過關於我的資訊如何及為何與其它服務提供機構共享。我理解這一點，並同意資訊共享。

Signed: _____

簽名：_____

Dated: dd/mm/yyyy / /
日期（日日/月月/年年年年）： / /

or
或

Verbal consumer consent

消費者口頭同意

I have discussed with the consumer 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.

我已和消費者討論過特定資訊如何及為何與其它服務提供機構共享。我確信消費者已理解這一點，並已作出將資訊以上述方式共享的知情同意。

or

或

Consumer does not have the capacity to provide consent

消費者無能力作出同意

(that is, they do not understand the nature of what they are consenting to, or the consequences)

(即，他們不理解所同意內容的性質或後果)

Consent given by authorised representative _____
(name of authorised representative)

同意由授權代表作出 _____
(授權代表姓名)

There is no authorising representative or they were uncontactable; therefore, the information 2001* will be shared as set out in the Health Records Act

沒有授權代表或無法和他們取得聯繫，所以資訊將根據『2001年健康記錄法』的規定共享*

**If it is not reasonably practical to obtain consent from an authorised representative or the consumer does not have an authorised representative, health information can still be shared in the circumstances set out in the Health Records Act 2001. This includes where the sharing of information is done by a health service provider and is reasonably necessary for the provision of a health service or where there is a statutory requirement.*

*如果從授權代表處獲得同意並不合理可行，或消費者沒有授權代表，健康資訊仍可在『2001年健康記錄法』規定的情況下共享。這包括資訊共享由健康服務提供機構作出且為了提供健康服務而合理必要，或存在法定要求。

To ensure that the consumer's authorised representative can make an informed decision about consenting to the sharing of information as detailed above, the worker/practitioner should (tick when completed):

為確保消費者的授權代表能就同意以上述方式共享資訊作出知情決定，工作人員/執業人員應該（完成後勾選）：

1. Discuss with the consumer the proposed sharing of information with other services/agencies
1. 與消費者討論與其它服務/機構的擬議資訊共享；
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
2. 說明消費者的資訊只有在消費者同意後才會與這些服務/機構共享，而且在轉介時告知，如果消費者不希望資訊被披露，服務轉介仍會繼續；
3. Provide the consumer with information about privacy, such as the brochure Your Information - It's Private
3. 向消費者提供關於隱私的資訊，如『你的資訊純屬隱私』（Your Information - It's Private）手冊；
4. Provide the consumer with a copy of this form once completed.
4. 在本表填妥後向消費者提供一份副本。

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Consent obtained/witnessed by:

同意獲取者/見證者：

Name:

姓名：

Sign:

簽名：

Position/Agency:

職位/機構：

Date: dd/mm/yyyy / /

日期：日日/月月/年年年年 / /

CSI Page 1 of 1

CSI第1頁，共1頁

Contact number:

聯繫電話：