

Consent to share information

Gëm bi lëk röm

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

Kë lui yen: bi lëk cï raan yöc/ raan koor kuɔɔny ke gam ya gätɔpiny abɛc bi lëk ken ya röm kekë akutnhom/nhïim cï kek kuënybec në wët de kë lui kek

Consumer

Raan yöc/ raan koor kuɔɔny

Name: _____

Rin: _____

Date of Birth: dd/mm/yyyy / /

Aköl ë dhiëth: nin/pei/run / /

Sex: _____

Tik/moc: _____

UR Number: _____

Nïmëra këñë UR: _____

or affix label here
Ka nuet anyuuth tënë

Section 1: Personal/health information to be shared

Bak 1: ñek/ lëk ke pial bi kek ya röm

Service Type Kuat luɔɔi	Name of Agency Rin ke Akutnhom de luɔi	Type of Information Kuat ë malumat/ lëk	Purpose/s Ke lui yen
Examples: – Physiotherapy – counseling Käk thöñ ke keek: – Döc ducëëk – Jiëëm ë nhom	Examples: – Strawberry Community Health centre – Blueberry City Council Käk thöñ ke keek: – Amäada de pial ë gup de koc ke Strawberry – Kanthol de pen Blueberry	Examples: – all relevant information – exceptions as stated by consumer Ka nyooth kek – lëk/ malumat kek tōu abën – Ka liu thïn cïmen cïnë ye lueel në raan yöc	Examples: – referral – shared care/case planning – informing services participating in consumer’s care Ka nyooth kek: – Athör Tooc – Muöök röm/ acir de luɔi – luup de yän ke kony-kony tō ë lon de muöök ë raan yöc

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Section 2: Record of consent

Bak 2: gët ë piny de gëm

Written consumer consent

Gëm ë raan yöc cï gët

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.

Raan lui/ raan pöc ë kuer ë kuer luɔi aci tē binë lëk ya röm thïn ku yenju binë lëk ciëëk kök ya röm kekë akutnhïim kök ye kony-kony gam, cï men tuen. yen aci ë kän deetic ku yëm dië bi lëk ya röm

Signed: _____

Thaany: _____

Dated: dd/mm/yyyy / /

Aköl nin: nin/pei/run / /

or
Ka

Verbal consumer consent

Gëm ë Raan yöc ë jam ë thok

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.

yen aci të yenë ku wët yenë lëk kōk rōm kekë akutnhīim kōk ye kony-kony . yen aci puōu thiān/kueth lōn cinë kān deetic ku lōn yen gëm lëk bī lëk/ maluma bī ya rōm cit të yen cuiir yic cī gam nhial

or

Ka

Consumer does not have the capacity to provide consent

Raan kōr kuōny/yöc acin riel bī gëm de gam

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

Ë kēnë, kek akēn guōp ë gëm kek deetic, ka kē bī lō tuōl nē ye cōk

Consent given by authorised representative _____

(name of authorised representative)

Gëm cī gam nē raan cī yiëk riel bī kōōc ë nyinic _____

(rin ke raan cī yiëk riel bī kōōc ë nyinic)

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

Yen acin raan cī yiëk riel bī kōōc ë nyinic ka kek acin kuer yenë ke cōol; kayen , lëk bī kek ya rōm cī men cī yen juiir nē Health Records Act 2001* (lōn de muōōk ë kēk pial gup 2001)

**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.*

**Na ye te cie lëu rot bī gëm yōk tēnë raan cī yiëk riel ka raan kōr kuōny/ yöc acin raan cī yiëk riel bī ya kōōc ë nyinic, lëk ë pial ë pial gup aņoot ëke lëu bī kek ya rōm nē kuer cit kē juiir nē Health Records Act 2001 yic. Kān aņōic të yenë rōm de lëk looi nē akutnhom ye kony-kony de pial ë gup gam ku tuum kekë kuer ë gem de kony-kony ë pial gup ka të ye lōn ye kōr*

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):

Bī nyic lōn lëu bī raan cī yiëk riel bī kōōc ë nyin de raan kōr kuōny/ yōk yic bī gam de gam tak nē rōm de lëk/malumat cī men cinë ye lueelic tueņ, ke raan ë luoi/raan pōc ë kuer ë luoi alëu (bī nuæet të cinë yen thōl) :

1. Discuss with the consumer the proposed sharing of information with other services/agencies
1. A cī jaamic kek raan kōr kuōny/raan yöc nē ajuieer cī cāk bī lëk/ maluma ya rōm kekë yān ke kony-kony/ akutnhīim kōk
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. Acī teetic lōn bīnë lëk/ malumat kek bī ya rōm kek ë yān ke kony-kony/ akutnhīim na ye të cī raan kōr kuōny / raan yöc ye gam ku, të tooc yen tueņ, luup ë lōn tooc tueņ de kony-kony alëu bī ŋoot ke lō tueņ na ye kēn raan kōr kuōny/yöc ye bī lëk ke nyuōoth
3. Provide the consumer with information about privacy, such as the brochure Your Information – It's Private
3. Gëm ë raan kōr kuōny/raan yöc lëk ke athian du nyic yitōk, ka cit awēreņ de lëk ku- kēdun nyic yitōk
4. Provide the consumer with a copy of this form once completed.
4. Gëm ë raan kōr kuōny/raan yöc abak de pom të cinë yen thōl ë thiōōņ

Produced by the Victorian Department of Health, 2012

Aloi nē Victorian Department of Health, 2012 (Bak de pial ë gup ë koc ke Victoria)

Consent obtained/witnessed by:
Gë, aci yōk/ tiēņic piny ë cāät

Name:

Rin:

Sign:

Thaany

Position/Agency:

Thōny/ akutnhom

Date: dd/mm/yyyy / /

Aye Pei: nīn/ pēei/run / /

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Contact number:

Nēmba yenë jam