

Consent to share information Konglam phawtzamh ding i nawlpeknak

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

A ruang : a lak tein le lungthian tein pek mi thiltuah cholan tu konglam pawl kha a dang dang riantuan bu pawl kha a fek mi hmuitimh ngeih mi a ruang caah cheuh bau ding.

Consumer
Thiltuah cholan tu

Name:
Min:
Date of Birth: dd/mm/yyyy / /
Chuah ni : Ni/Thla/Kum / /
Sex:
Nu / Pa :
UR Number:
UR No :

or affix label here
a si lo le ca benh na ngehi ah cun mah in benh

Section 1: Personal/health information to be shared

Dal 1 : Pumpak / ngandamnak konglam pawl kha cheuh bang ding

Service Type Thiltuah pik mi phun Examples: - Physiotherapy - counseling Tahchunnak pawl : - tha hrih lei hmeh thiam mi - ruahnak pek nak	Name of Agency Rianbu (Agency) Min : Examples: - Strawberry Community Health centre - Blueberry City Council Tahchunnak pawl : - Strawberry Mibu Ngandamnak Zung - Blueberry City Council	Type of Information Konglam phun pawl Examples: - all relevant information - exceptions as stated by consumer Tahchunnak pawl : - aa tlak ti mi kong lawm vial te - Thiltuah cotu nih a herh ti ning in chim chawm mi pawl	Purpose/s A ruang/ a ruang pawl Examples: - referral - shared care/case planning - informing services participating in consumer's care Tah chunnak pawl : - kuat nak - hrawm mi zohkhenhnak / thil tuahiak nak timhlamh mi - Thiltuah cotu zohkhenhnak i aa tel mi theihhngalh tuah tu rian bu hna

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Section 2: Record of consent

Dal 2 : nawlpek nak ca

Written consumer consent
 Thiltuah cotu nih ca tila in nawlpeknak
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.
Riantuan tu / thiltuahpiak tu nih kei mah konglam a cheu bang cu, zeitindah tiin le, ze i ruang ah tiin, a cung lei rianbu hna he i hrawm a herh ti mi kha a ka chimh ko. Kei mah nih ka theihthiam i keimah konglam an i hrawm khawh ding ah nawl ka pek hna.

Signed: _____
 Minthut : _____
 Dated: dd/mm/yyyy / /
 Nithla (NI/Thla/Kum) : / /

or
a si lo ah

Verbal consumer consent

Humr ka in nawl pek nak

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.

Kei mah nih thiltuah cotu he a konglam a cheubang cu a dang rian bu pawl kha theiher a herh mi a ruang le zeitin dah ti mi kha ka hrilhfiah. Kei mah nih a konglam pawl midang rian bu pawl sin ah cheubang ding ah a hna a tla ko a theih thiam ko tiah ka ruah i konglam midang he hrawm ding ah nawl a ka pek ko tiah ka lung a tling.

or

a si lo ah

Consumer does not have the capacity to provide consent

Thiltuah cotu cu nawl pek ding ah a sinak nih a tlinh lo

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

(chim duhnak cu, zei bantuk nawlpeknak dah kan tuah ti mi le, mah nih zei tin dah thil pehzulh in a chuah pi lai ti mi kha an theihthiam kho lo mi hna)

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

Nawl ngei mi aiawh tu nih nawlpeknak _____
(Nawl ngei mi aiawh tu min)

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

Nawl ngei mi aiawh tu an um lo, si lo le chawnhbiak khawh an si lo, cu ruang ah, Helh Records phung 2001 a um ning in, a kong lam pawl cu hrawm khawh a si.

**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.*

** Nawl ngei mi aiawh tu sin in nawl hal ding i a si khawh lo le a har tuk a si, a si lo le nawl ngei tu aiawh tu an um lo a si ah cun, ngandamnak lei he peh tiai mi konglam pawl cu Health Records phung 2011 ning tein, mi dang he hrawm khawh a si. Mah cu a si ning cu ngandamnak lei thiltuahpiak tu nih a hrawm mi a si lai i, ngandamnak caah le a dang dang thiltuah cotu nih a herh ngai ngai ko tiah aa lang mi le theih khawh mi pawl kha a si a herh.*

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):

A cung lei ban tuk in, thiltuah cotu nih nawl pek mi aiawh tu nih theihbu tein nawl pek le pek lo bia khiah nak a tuah khawh ding caah, rian tuan tu / thiltuahpiak tu nih (a dih tik ah zah a pek lai):

1. Discuss with the consumer the proposed sharing of information with other services/agencies
1. Thiltuah cotu he khan a dang rian bu pawl he zeibantuk konglam pawl dah cheuh bau a herh ti a ruang kha ceih pi a si lai
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. Thiltuah cotu hna kha nan mah hnatlaknak a um lawng ah nan konglam pawl kha a dang rianbu pawl kha, cheuh/theiher a si lai ti kha fian ter a si lai, cun a dang rian bu pawl ah kuat an si tik ah an konglam theiher lo zong in kuat khawh an si ko ti zong kha hrilhfiahnak nan tuah lai
3. Provide the consumer with information about privacy, such as the brochure Your Information – It's Private
3. Konglam humhinnak (Privacy) ti mi kong kha thiltuah cotu hna kha theih ter a si lai, tahchunnak ah kutzamh ca phawt mi Na kong lam hna cu – Nangmah ta lawn a si (Your Information – It's Private) tibantuk kha na pek lai.
4. Provide the consumer with a copy of this form once completed.
4. Thiltuah cotu hna kha mah form nan tlinh dih hnu ah copy pakhat in nan pek lai.

Produced by the Victorian Department of Health, 2012
Victorian Ngandamnak Rianbu, 2012 nih chuah mi a si.

Consent obtained/witnessed by:

Nawlpeknak a cohlangtu / theihhngalh pi tu:

Name:

Position/Agency:

Min :

Rian tuan tu hmunnhma / Rian bu:

Sign:

Date: dd/mm/yyyy / /

Contact number:

Minthut :

Nithla : NI/Thla/Kum / /

Pehtlaih khawhnak number :

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