

# Consent to share information

တၢ်အၢၣ်လီၤဟ့ၣ်

အခွဲးလၢတၢ်ကရူၤကၢတၢ်ဂ့ၢ်တၢ်ကျိၤအဂီၢ်

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

တၢ်ပညိၣ်-လၢကမၤနီၣ်မၤယၢပုၤသ့ၣ်တၢ်ဖိအတၢ်ဟံၣ်ဖျါတၢ်ဂ့ၢ်တၢ်ကျိၤလၢပုၤဒီးတၢ်သ့ၣ်သ့ၣ်သိးကသ့ၣ်ဟ့ၣ်ထီၣ်နတၢ်ဂ့ၢ်တၢ်ကျိၤဟ့ၣ်ဒီးတၢ်ကရူၤကရိတဖုလၢတၢ်ပညိၣ်တမံၤလီၤလီၤဆိဆိကသ့အဂီၢ်လီၤ.

## Consumer

ပုၤသ့ၣ်တၢ်ဖိ

Name:

မံၤ-

Date of Birth: dd/mm/yyyy / /

အိၣ်ဖျါနီၣ်လၢ-၀၀ ၀၀ ၀၀၀၀ / /

Sex:

မုၢ်နီၣ်-

UR Number:

UR နီၣ်ဂံၢ်-

or affix label here

မုတမ့ၢ်ကျးလီၤလံာ်ကျးကုမိဖံအံၤ

## Section 1: Personal/health information to be shared

အပတီၢ်၁-နီၣ်ကစၢ် တၢ်အိၣ်ဆူၣ်အိၣ်ချ့တၢ်ဂ့ၢ်တၢ်ကျိၤလၢဘၣ်ဟ့ၣ်ထီၣ်တဖၣ်

Service Type	Name of Agency	Type of Information	Purpose/s
တၢ်မၤအကျိၤအကွၢ်ဖဲလဲၣ်တကလုာ်လဲၣ် Examples: - Physiotherapy - counseling အိၣ်- - နီၣ်ဟ့ၣ်ကရူၤအတၢ်ယၢအျါ - တၢ်ဟ့ၣ်ကရူၤဟ့ၣ်ဖး	ခၢ်စးကရူၤအမံၤ Examples: - Strawberry Community Health centre - Blueberry City Council အိၣ်- - Strawberry Community Health centre (ခၢ်အိၣ်ဆူၣ်အိၣ်ချ့ဖဲလီၤ) - Blueberry City Council (ဘျုးအိၣ်ဆူၣ်အိၣ်ချ့ကဝီၤ)	တၢ်ဂ့ၢ်တၢ်ကျိၤလဲၣ်တကလုာ်လဲၣ် Examples: - all relevant information - exceptions as stated by consumer အိၣ်- - တၢ်ဂ့ၢ်တၢ်ကျိၤဖဲလဲၣ်လၢဘၣ်ထွဲလိာ်သးတဖၣ် - တၢ်ဟ့ၣ်ပုၤတဖၣ် - ပုၤသ့ၣ်တၢ်ဖိတကမၤဟံၣ်ဖျါထီၣ်ဖဲအသိး	တၢ်ပညိၣ် တဖၣ် Examples: - referral - shared care/case planning - informing services participating in consumer's care အိၣ်- - တၢ်ဆူၣ်ထီၣ်မံၤသၣ်ဆူၣ်တၢ်မၤစၢၤအကျိၤအကွၢ်အဂၢၢ်အိၣ် - ဟ့ၣ်နီၣ်လီၤတၢ်ဂ့ၢ်တၢ်ကျိၤတခါအတၢ်တီၢ်ကျိၤ - တံးသ့ၣ်ညါတၢ်မၤစၢၤဖဲကျိၤအဂၢၢ်လၢနီၣ်လီၤမၤသကီၢ်ယုာ်တၢ်လၢပုၤသ့ၣ်တၢ်ဖိတကမၤအိၣ်ဆူၣ်အိၣ်ချ့တၢ်ဂ့ၢ်တၢ်ကျိၤအဂီၢ်

Consent to Share Information တၢ်အၢၣ်လီၤဟ့ၣ်အခွဲးလၢတၢ်ကရူၤကၢတၢ်ဂ့ၢ်တၢ်ကျိၤအဂီၢ်

## Section 2: Record of consent

အပတီၢ်၂-တၢ်အၢၣ်လီၤဟ့ၣ်အခွဲးလၢတၢ်မၤနီၣ်မၤယၢတၢ်ဂ့ၢ်တၢ်ကျိၤအဂီၢ်

**Written consumer consent**

ပုၤသ့ၣ်တၢ်ဖိတကမၤအတၢ်ကျဲးဟံၣ်ဖျါအအၢၣ်လီၤဟ့ၣ်အခွဲး

*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.*

ပုၤမၤတၢ်ဖိတကမၤ ကုၤစၢၤယၢအျါကသ့ၣ်သ့ၣ်သ့ၣ်တၢ်ပညိၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤတဖၣ်တၢ်ဟ့ၣ်ပုၤသ့ၣ်တၢ်ဖိထီၣ်လဲၣ်လၢတၢ်မၤစၢၤဖဲကျိၤအဂၢၢ်လၢနီၣ်လီၤမၤသကီၢ်ယုာ်တၢ်လၢပုၤသ့ၣ်တၢ်ဖိတကမၤအိၣ်ဆူၣ်အိၣ်ချ့တၢ်ဂ့ၢ်တၢ်ကျိၤအဂီၢ်လီၤ.

Signed: \_\_\_\_\_

ဆဲးစ့ပနီၣ်လီၤမံၤ-

Dated: dd/mm/yyyy / /

မုၢ်နီၣ်မုၢ်သိ(၀၀ ၀၀ ၀၀၀၀)- / /

or

မုတမ့ၢ်

