

Consent to share information

Nhök du ke yöö bako lääri ku nyuak.

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

Luot de: ε yöö ba n̄ac i ci raan ε nhök i baa lääri ke nyuak ke muktäp dödien mi teeke mi goor je.

Consumer

Ram in goor luäk

Name:

Ciöt

Date of Birth: dd/mm/yyyy / /

Cäj däpkä: cc/pp/rrrr / /

Sex:

Wut/ciek

UR Number:

UR kuëën

or affix label here
Kie pari waregak wane

Consent to Share Information Nhök du ke yöö bako lääri ku nyuak.

Section 1: Personal/health information to be shared

Pek 1: Lääri ku tin baa nyuak

Service Type Min latke kä ji Examples: - Physiotherapy - counseling Cet ke: - muony ni puagany - lat riet ni coma	Name of Agency Ciöt muktäpä Examples: - Strawberry Community Health centre - Blueberry City Council Cet ke: - Muktäp Guath yupä nath kä Thwkoat - Kume dhcaar en cöalj Warjup.	Type of Information Taa lääri tin baa nyuak Examples: - all relevant information - exceptions as stated by consumer Cet ke: - lääri diaal tin lot rj - Min /caa bi nyuak cet ke min caa lar a ram en luake	Purpose/s Min lote Examples: - referral - shared care/case planning - informing services participating in consumer's care Cet ke: - Jäk ni riet ni guath dödien - Mat riätni/mat lat ke kui ram en goor luäk - lär laät ni lär ke tin tuok kä ram en luak ke

Section 2: Record of consent

Pek 2: Min nyoth yöö nhöki je I bako lääri ku nyuak

Written consumer consent

Mat ruac emε min caa goor piny

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.

Ci läät ruac ke yä ke yöö ε n̄u dee thajj läärj kä nyuak ke laät kökien. Neme ce we löcdä kä cä nhök en yöö baa lääri kä nyuak.

Signed: _____

Thaany _____

Dated: dd/mm/yyyy / /

Cäj (cc/pp/rrrr) / /

or

Kie

Verbal consumer consent

Matdu ke je min lati ke thokdu

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.

Cä ruac ke ram en ggor luäk ke yöö e nu dee thqñj lääri nyak keje m. Ce rñj lçdä en yöö caje liñ e ram in gqr luäk kä ce nhok I baa läri ke nyuak

or

Kie

Consumer does not have the capacity to provide consent

ram eme /ce je luäj I dere ruac eme mat ke naath

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

(mi lot ni yöö /ci ken ruac eme liñ, kä kuic ken miun caa thiec I bi ken e mat ke naath kene yöö e nu de tuock thinc)

Consent given by authorised representative _____

(name of authorised representative)

Caa mat ruac eme nhok e radj dien ke kui raam en luäke _____

(Ciöt raam en läit ke kui raam en luäke)

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

Thiele ram mi ca lar I bi ruac ke kui raam eme, kie /kane luäj ke jek, ke kui em, baa riet e ti nyuak cet ke min caa gqr ke Nuqt en çali Health Records Act 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.*

**mi bume en yöö ba ram in läit ke kui raam in luäke jek kie thiele raan, de lääri puçlä puçny nyuak cet ke min ca gqr ke Health Records Act 2001. Riäät e ti deke nyuak e laar läät duel wql kie e laar nuqt mi lote r.*

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):

Ke yöö bi ram en teke juey je nçc I nu latke m, kä e nu gör ke m, bi läät titi dhil gqr (nyothe guaath e me):

1. Discuss with the consumer the proposed sharing of information with other services/agencies

1. Cä ruac ke guañ juath ke yöö baa riät ke nyuak ke laät kçkien

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. Cä lat lçocde en riäät e ti ba ke nyuak e ni mi ci guañ juath e nhok, kä caa lat je I de jækä guañth djdien e cäj /kane lääri nyuak ke mutap en jækje kä thin.

3. Provide the consumer with information about privacy, such as the brochure Your Information – It's Private

3. Caa guañ juath kam lääri tin yuop lääri nath, cet ke waregak en çali Lääri ku- ke kam dan

4. Provide the consumer with a copy of this form once completed.

4. Caa guañ juath kam waregak eme ke kor kä mi caa thiäng.

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Gore Muktap Duel Wal 2012

Consent obtained/witnessed by:
Mat eme caa nhok e/ ca nen e

Name:

Ciöt:

Sign:

Thaany

Position/Agency:

Guath lat

Date: dd/mm/yyyy / /

Cäj: cc/pp/rrrr / /

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Contact number:

Talepon