

Consent to share information

Privolitev z deljenjem informacije

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

Namen: Registracija privolitve, ki jo je potrošnik dal prostovoljno in poučeno, za prispevanje osebne informacije določeni agenciji/am za določen namen/e.

Consumer

Potrošnik

Name:

Ime:

Date of Birth: dd/mm/yyyy / /

Datum rojstva: dd/mm/leto / /

Sex:

Spol:

UR Number:

EMŠO:

or affix label here
ali prilepite etiketo

Section 1: Personal/health information to be shared

1 del: Osebna/zdravstvena informacija za deljenje

Service Type Vrsta Usluge Examples: – Physiotherapy – counseling Primeri: – fizioterapija – posvetovanje	Name of Agency Ime Agencije Examples: – Strawberry Community Health centre – Blueberry City Council Primeri: – Občinski zdravstveni center Jagoda – Občinski mestni svet Borovnica	Type of Information Vrsta Informacije Examples: – all relevant information – exceptions as stated by consumer Primeri: – vsa ustrezna informacija – razen kaj določi potrošnik	Purpose/s Namen/i Examples: – referral – shared care/case planning – informing services participating in consumer's care Primeri: – napotnica – porasdeljenje oskrbljenja/zadevno planiranje – obveščati službe/agencije soudeleženi oskrbljenja potrošnika

Section 2: Record of consent

2 del: Pismena privolitev

Written consumer consent

Pismena privolitev potrošnika

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.

Delavec/zdravnik mi je v razpravi pojasnil, kako in zakaj se lahko določena informacija deli z drugimi organi, kakor je zgoraj omenjeno. Jaz to razumem in soglašam z deljenjem navedene informacije.

Signed: _____

Podpisani: _____

Dated: dd/mm/yyyy / /

Datum: (dd/mm/leto): / /

or

ali

Verbal consumer consent

Ustna privolitev potrošnika

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.

Sem razpravo pojasnil potrošniku, kako in zakaj se določena informacija deli z drugimi službeni organi. Sem prepričan da je potrošnik razumel in tako soglašal z deljenjem zgoraj navedene informacije

or
ali

Consumer does not have the capacity to provide consent

Potrošnik nima zmožnost soglašati privolitev

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

(sicer potrošnik ne razume vsebino za soglašanje ali omenjene posledice)

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

Privolitev pooblaščenega zastopnika _____
(ime pooblaščenega zastopnika)

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

Če pooblaščenega zastopnika ni, ali ni uspelo ga kontaktirati; takrat bo informacija deljena z drugimi službenimi organi po zakonu 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.*

**Če ni mogoče primerno dobiti privolitev pooblaščenca ali potrošnik nima pooblaščenca, zdravstvena določena informacija se takrat lahko deli z drugimi službenimi organi po zakonu Health Records Act 2001. Vključeno tako, kadar delavec/zdravnik deli informacijo potrošnika z drugimi službenimi organi zaradi možnosti preskrbljenja zdravja ali pa po zakonitni podlagi.*

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):

V zagotovitev, da je potrošnikov pooblaščen zastopnik sposoben poučeno odločiti o privolitvi za deljenje zgoraj navedene informacije, mora delavec/zdravnik (označiti dokončano s kljukico):

1. Discuss with the consumer the proposed sharing of information with other services/agencies
1. Razpraviti s potrošnikom predlagano za deljenje informacije z drugimi službami/agencijami
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. Pojasniti, da se bo potrošnikova informacija delila z drugimi službami/agencijami le, če se potrošnik s tem strinja in, če je potrebna napotnica za druge usluge obvestite, da je to možno če tudi se potrošnik ne strinja, da se njegova informacija razkrije
3. Provide the consumer with information about privacy, such as the brochure Your Information – It's Private
3. Posredovati potrošniku informacijo o zasebnosti, kot na primer brošuro 'Vaša informacija- Je zasebna'
4. Provide the consumer with a copy of this form once completed.
4. Posredovati potrošniku kopijo tega obrazca, ko je izpolnjen

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Consent obtained/witnessed by:
Privolitev potrošnika/v prisotnosti:

Name:

Position/Agency:

Ime:

Položaj/Agencija:

Sign:

Date: dd/mm/yyyy / /

Contact number:

Podpis:

Datum: dd/mm/leto / /

Telefonska številka:

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