

# Consent to share information

## Ogolaanshaha la wadaagista macluumaadka

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

Ujeedo: Si loo diiwaangasho ogolaanshaha macaamiilka wargashan ay sida madaxa bannaan u bixiyeen si ay ula qaybsadaan macluumaadkooda hay'adaha gaarka si loogu adeegsado ujeeddo/ujeeddooyin gaar ah.

### Consumer

#### Macmiile

Name:

Magac

Date of Birth: dd/mm/yyyy / /

Taariikhda dhalashada: dd/mm/yyyy / /

Sex:

Sinji

UR Number:

Nambarka UR

or affix label here  
Halkan ku dheji astaanta

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

### Qaybta 1aad: Macluumaadka caafimaad/shakhsiyeed ee la wadaagayo

Service Type Nooca Adeega Examples: – Physiotherapy – counseling Tusaalayaal: – Dabiici-ku-daaweynta – Talasiinta	Name of Agency Magaca Hay'ada Examples: – Strawberry Community Health centre – Blueberry City Council Tusaalayaal: – Strawberry Community Health centre – Blueberry City Council	Type of Information Nooca Macluumaadka Examples: – all relevant information – exceptions as stated by consumer Tusaalayaal – Dhamaan macluumaadka khuseeya – Kuwa laga saaray sida uu u muujiyey macmiiluhu	Purpose/s Ujeedada/doonka Examples: – referral – shared care/case planning – informing services participating in consumer's care Tusaalayaal – Gudbin ama xawlid – Daryeel la wadaagay/qorshaynta xaallada – U sheegida adeegyada ka qaybgelaya daryeelka macmiilaha

## Section 2: Record of consent

### : Diiwaanka ka raalinoqoshada

**Written consumer consent**

**Ogolaanshaha macmiilaha ee qoran**

*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.*

*Shaqaalaha/dhakhtarka waa igala hadlay sida, iyo sababta macluumaadka gaarka ah oo aniga igu saabsan looga baahan yahay in lala wadaago adeeg-bixiyeyaalka kale, sida kor ku xusan. Waa fahmay midaan waxaana siinayaa ka raalinoqoshadayda macluumaadka la wadaagayo.*

Signed:

saxiixay

Dated: dd/mm/yyyy / /

Taariikheeyey: (dd/mm/yyyy) / /

or  
ama

**Verbal consumer consent**

**Ogolaanshaha Macmiilaha ee afka ah**

*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.*

*Waan kala hadlay macmiilaha sida iyo sababta macluumaadka qaarkiis laga yaabo in loola wadaago adeegbixiyayaal kale. Waxaan ku qanacsanahay in arintan la fahmey iyo in ogolaanashaha wargashan ee macluumaadka la wadaagayo sida kor ku faahfaahsan in la bixiyey.*

or

Ama

**Consumer does not have the capacity to provide consent**

**Macmiiluhu ma laha awooda lagu bixiyo ka raali noqosho**

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

(taasi waa, ma fahmaan dabeecada waxay ogolaanayaan, ama natiijada ka imanaysa)

Consent given by authorised representative \_\_\_\_\_

(name of authorised representative)

Ogolaanshaha uu bixiyey wakiilka idmani \_\_\_\_\_

(magaca idmanaha wakiilka)

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

Ma jiro wakiil idmaya ama la lama xiriiri karo; sidaas darteed, macluumaadka waxaa loo wadaagaya sida lagu sheegay Xeerka Diiwaanka Caafimaadka ee 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.*

*\*Haddii aanay maangal ahaan dhici karayn in laga hello ka raalinoqosho wakiil idman ama macmiiluhu aanu lahayn wakiil idman, macluumaadka caafimaadka weli waa la wadaagi karaa sida lagu muujiyey Xeerka Diiwaanka Caafimaadka ee 2001. Kan waxaa ku jira marka wadaagista macluumaadka uu sameeyo adeegbixiyaha caafimaadka uuna si maangal ah muhiim ugu yahay bixinta adeega caafimaadka ama marka loo baahan yahay shuruuda sharci ah.*

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):

Si loo hubiyo in macaamiilaha idman ee wakiilka uu samayn karo go'aan uu warqabo oo ku saabsan ogolaanshaha wadaagista macluumaadka kor lagu faahfaahiyey, waxaa waajib ah in shaqaalaha/adeeg-bixiyuhu (sax ku dhigaa markii la buuxiyo):

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

1. Kala hadal macmiilaha macluumaad wadaagida ee loo soo jeediyey adeegyada/hay'adaha kale

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. U sharax in macluumaadka macaamiilka keliya la siinayo adeegyadan/haya'dahan haddii uu macaamiilku ogolaado kalana tali in macluumaadka loo dirayo adeegga uu socon karo xataa haddii macaamiilku uusan doonayn in macluumaad la sheego

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

3. Bixi macluumaadka ku saabsan barayfasiga, sida qoraalka Macluumaadkaagu - Waa Barayfit.

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

4. Sii macmiilaha koobiga foomkaan marka la buuxiyo.

Produced by the Victorian Department of Health, 2012  
Waxaa soo saaray Wasaarada Caafimaadka Fiktooriya, 2012

Consent obtained/witnessed by:

Ogolaashaha waxa hellay/markhaanti ka noqday:

Name:

Magaca:

Sign:

Saxiix:

Position/Agency:

Booska/Hay'ada:

Date: dd/mm/yyyy / /

Taariikh: dd/mm/yyyy / /

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Contact number:

Nambarka lala xiriirayo: