

Can we share information about you?





You must give us permission before we can give out information about you.



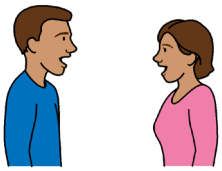
1 Read this form



2 Understand this form



3 Sign this form



What we must talk to you about





The worker must tick all the boxes.



☐ We can only share the information you tell us on this form.





☐ You can say no. We can not share information about you.
We can still give you a service.



☐ We will keep a copy of this form

You will get a copy of this form.



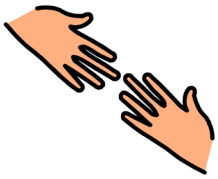


☐ You can get more information about how we look after your private information. We will give you a copy of the brochure called **Your information is private**.

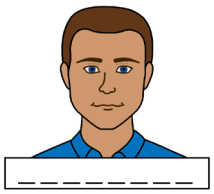




Your personal information

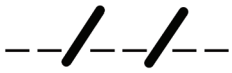


We can help you to write on this page.



My name

_____





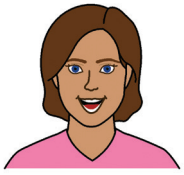
My date of birth.

Write the day, month and year.

_____



☐ I am a man or boy



☐ I am a lady or girl



You can give my information to



Write the name of the person.

_____

For example, your

- doctor
- physio
- cousellor.



Write where the person works

_____

For example, the name of the

- community health centre
- clinic
- council.



Write what information you want to share.

_____

For example,

- all my information
- my doctors report
- my test results

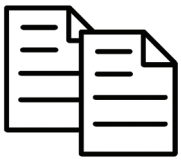


Write why you want to share your information.

_____

For example,

- a referral to a new health worker
- for a case meeting
- to share my information with all my services.



You can make more copies of this form.



You must not give information to



Write the name of the person.

_____

For example, my

- doctor
- physio
- cousellor.



You must not give information about

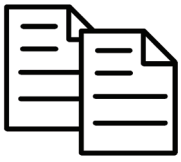


Write what information you do not

want to share.

For example,

- all my information
- my doctor's report
- my test results.



You can make more copies of this form.



Who can give consent to share your information



You can give consent. You must sign the form.

Go to page



You can verbally give consent.

Tell staff you say yes. Staff must sign the form

Go to page



Your representatvie can give consent for you.

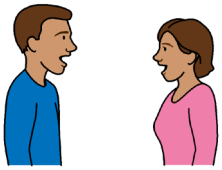
Your representative must sign the form.

Go to page



I say yes to the information in this form.

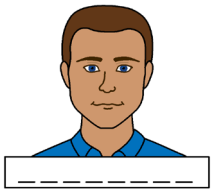
This means



- the worker talked to me about my information



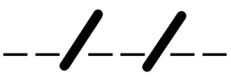
- I understand
  - who my information will be shared with
  - why my information will be shared.



My name



My signature



The date today.



Staff can use this form





I have verbal consent from



- the person

or



- the person's representative

I have talked to the person or the person's representative about sharing their information.

I have talked about

- why I am sharing their information
- who I am sharing their information with.



I am happy that the person or the person's representative

- understands and
- gives consent

_____



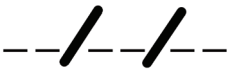
_____

Staff name



_____

Staff signature



Date

Day, month and year

Position

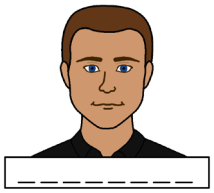


You can not give consent.

For example, you do not understand about sharing information.



You can ask a person to sign for you.
The person must be legally allowed to sign for you. This person is called your representative.



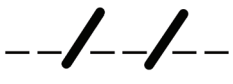
Representative name

_____



Representative's signature

_____



Date

Day, month and year

_____



Also, a witness must sign this form.

Can the staff member be a witness?



Witness name

_____



Witness signature.

_____



You do not have a representative.





The Health Records Act 2001 says your information can still be shared.

It must be shared

- only with your health workers
- to make sure you get the best health care.



For workers to do.

Consent to share information

The Victorian Department of Health made this form in 2012.

Information about the worker who witnessed this form being done.

Name

_____

Position

_____

Where you work

_____

Your signature

_____

Date

_____

Your phone number

_____