Assyrian

Consumer Consent to Share Information

ܬܟܡܗ ܕܐܚܕܟ ܩ ܒܙܚ ܕܗܘܕܒܗ

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

ܩ ܫܒܚ ܬܟܡܗ ܬܟܡܗ ܕܐܚܕܟ ܗܘܕܒܗ ܚܝܢܙܗ ܟܒܙܗ ܕܗܘܕܒܗ ܒܟܬܗ ܩ ܒܙ ܫܐ ܒ ܐܗܐ ܕܗܘܕܒܗ ܒܟܬܗ ܩ ܒ ܒܟܬ ܒ ܒܒܐ ܒܟܬ.

Consumer

ܐܚܕܟ

Name:

ܫܡܗ:

Date of Birth: dd/mm/yyyy / /

ܗܒܗܙ ܕܒܟܒܗ: ܝܗ/ܒܙ/ܫܬ / /

Sex:

ܩܢ:

UR Number:

ܡܢܬ ܕܐܫܬ ܕܫܐ UR:

or affix label here

ܒ ܐܒ ܟܐ ܒ ܟ

Section 1: Proposed Information Uses and Disclosures

ܩ 1: ܕܐܟܟܬ ܕܗܘܕܒ ܕܗܘܕܒ ܗܘܕܒ

Service Type ܫܟ ܕܒ ܕ Examples: – Physiotherapy – Specialist consultant ܐ: –ܐ ܒ ܒ –ܒ ܕ ܒ	Name of Agency ܫ ܕ ܒ Examples: – Any agency – Nominated clinic ܐ: –ܒ ܕ –ܒ ܐ ܫ ܕ	Type of Information *(including limits as applicable)* ܫ ܕ ܒ *(ܒ ܐ ܒ ܐ ܒ ܐ ܒ)* Examples: – All relevant information – Test results only ܐ: –ܒ ܕ ܒ –ܒ ܕ ܒ ܐ	Purpose/s ܒ/ܒ Examples: – Referral – Care coordination ܐ: –ܒ –ܒ ܕ ܒ

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Section 2: Record of Consumer Consent

ﺑﻬﻤﺔ ﺩ 2: ﻳﺘﻜﺌﺔ ﺩﺘﻜﻤﻜﺔ ﺩﻪﺠﻬﻜﺔ

2(a) Written Consumer Consent Or 2(b) Verbal Consumer Consent

2(ﺏ) ﺑﺘﻜﻤﻜﺔ ﻣﻜﺘﻮﺑﺔ ﻣﻌﻠﻮﻣﺔ ﻣﻮﺍﻓﻘﺔ ﺍﻟﻌﻤﻴﻞ

2 (ﺃ) ﺑﺘﻜﻤﻜﺔ ﺩﻪﺠﻬﻜﺔ ﺣﻬﺒﻄﻨﻬﻪ ﺑﻢ

The worker/practitioner has discussed with me how and why certain information about me may be shared with other service providers. I understand this and I give my informed consent for the information to be shared as detailed above.

ﻓﻜﻨﺔ/ﻣﺠﻨﻮﻧﺔ ﺩﺬﺑﺘﺔ ﻧﻜﻪ ﺑﻌﺐ ﻗﻨﺠﺐ ﻫﻘﺔ ﻫﻌﺪﻩ ﺑﻮﻗ