

**Tus neeg consumer uas tuaj thov kev pab txojkev tsocai pub qhia nws cov ntsiab lus rau lwm tus**  
**Consumer Consent to Share Information**

Kom tus neeg consumer uas tuaj thov kev pab, zoo saib tsocai qhia tau nws cov ntsiab lus rau lwm lub tsev agencies uas yuav pab tau nws.

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

**Tus neeg consumer uas tuaj thov kev pab**

**Consumer**

Npe:

Name:

Hnub yug: hnub/hli/xyoo / /

Date of Birth: dd/mm/yyyy / /

Pojniam/txivneej:

Sex:

Tus leb UR:

UR Number:

Losyog muab daim ntawv npe los rau qhov no  
or affix label here

**Nqe 1: Txojkev Npaj Siv thiab Xaus cov Ntsiab Lus**

**Secton 1: Proposed Information Uses and Disclosures**

<b>Cov Kev Pab</b> <b>Service Type</b> Piv txwv li: – Kev zuaj khomob – Kws khomob Specialist loj Examples: – Physiotherapy – Specialist consultant	<b>Lub npe Tsev Pab</b> <b>Name of Agency</b> Piv txwv li: – Lub tsev pab twg los tau – Lub tsev pab uas raug xaiv Examples: – Any agency – Nominated clinic	<b>Cov Ntsiab lus yuav qhia</b> <i>(tsuas qhia cov tseemceeb xwb)</i> <b>Type of Information</b> <i>(including limits as applicable)</i> Piv txwv li: – Txhua yam ntsiab lus tseemceeb – Cov kev kuaj tus mob. Examples: – All relevant information – Test results only	<b>Txojkev Vam</b> <b>Purpose/s</b> Piv txwv li: – Kev xa mus ntsib lwm tus – Thawjtswj saib-xyuas mob Examples: – Referral – Care coordination

Consumer Consent to Share Information

## Nqe 2: Txojkev tsocai ntawm tus neeg consumer uas tuaj thov kev pab

### Section 2: Record of Consumer Consent

2(a) Cov lus tsocai sau ua tus ntawv      Losyog  
2(a) Written Consumer Consent              Or

*Kuv tus neeg pab/kws khomob tau qhia rau kuv txog tias tejzaum lawv yuav tau koj kuv txojkev kuaj mob qho yam mus qhia rau lwm tus kws khomob kom paub thiab. Kuv nkag siab thiab tsocai rau lawv muab kuv cov ntsiab lus kuaj mob qhia tau rau lwm tus kws rawsli cov npe neeg teev sab saud.*

*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.*

Kos npe: \_\_\_\_\_  
Signed: \_\_\_\_\_

Hnub: hnuh/hli/xyoo    /    / \_\_\_\_\_  
Dated: dd/mm/yyyy    /    / \_\_\_\_\_

Signed by: \_\_\_\_\_  
Tus kos npe:  
 Tus neeg Comsumer LOSYOG  
 Consumer OR  
 Tus neeg sawv-cev:  
 Authorised representative on behalf of: \_\_\_\_\_

\_\_\_\_\_  
*(Tus neeg consumer)*

\_\_\_\_\_  
*(Consumer)*

**Tus neeg Povthawj:**  
**Witnessed by:**  
Kos npe: \_\_\_\_\_  
*(Tus neeg pab/kws khomob)*  
Signed: \_\_\_\_\_  
*(Worker/Practitioner)*  
Hnub tim: hnuh/hli/xyoo    /    / \_\_\_\_\_  
Dated: dd/mm/yyyy    /    / \_\_\_\_\_

Tus neeg Pab/Kws khomob lub Npe: \_\_\_\_\_  
Worker/Practitioner Name: \_\_\_\_\_  
Tuav txoj haujlwm: \_\_\_\_\_  
Position: \_\_\_\_\_

2(b) Cov lus tsocai hais ntawm qhov ncauj  
2(b) Verbal Consumer Consent

Tus neeg pab/kws khomob Siv Xwb  
Worker/Practitioner Use Only

Cov lus tsocai hais ntawm qhov ncauj, yuav tsuas siv tau rau thaum tsis muaj cov lus tsocai sau ua ntawv tseg xwb.

Verbal consent should only be used where it is not practicable to obtain written consent.

*Kuv tau nrog tus neeg mob consumer/ nws tus neeg sawv-cev tham txog ntawm tejzaum lawv yuav tau koj qho yam ntsiab lus mus pib rau lwm lub tsev pab paub. Kuv nkag siab tias nws paub zoo thiab tsocai muab cov ntsiab lus qhia tau rau rawsli cov neeg teev npe sab saud.*

*I have discussed with the consumer/consumer's authorised representative 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.*

Kos npe: \_\_\_\_\_  
*(Tus neeg pab/kws khomob)*  
Signed: \_\_\_\_\_  
*(Worker/Practitioner)*  
Hnub tim: hnuh/hli/xyoo    /    / \_\_\_\_\_  
Dated: dd/mm/yyyy    /    / \_\_\_\_\_

Tus neeg Pab/Kws khomob lub Npe: \_\_\_\_\_  
Worker/Practitioner Name: \_\_\_\_\_  
Tuav txoj haujlwm: \_\_\_\_\_  
Position: \_\_\_\_\_

Txojkev txheeb-xyuas kom meej tias tus neeg consumer/tus neeg sawv-cev yeej nkag siab zoo thaib tsocai rau lawv koj nws cov ntsiab lus mus tham qhia rau cov neeg uas teev sab saud, tus neeg ua haujlwm/neeg khomob yuavtsum: (khij rau cov nqe ntawv hauv qab no)

To ensure the consumer/consumer's authorised representative is able to make an informed decision about consent to the sharing of information as detailed above, the worker/practitioner should: (tick when completed)

1. Nrog tus neeg consumer tham txog cov tsev pab uas lawv yuav xa nws mus ntsib
1. Discuss with the consumer the proposed referral to other services/agencies
2. Pib qhia rau tus neeg consumer paub tias, yog nws tsocai ces lawv thiajli yuav muaj cai xa tau nws cov ntsiab lus mus lwm lub tsev pab, thiab txawm tias, nws yuav tsis kam tsocai los lawv yeej tseem yuav xa nws mus ntsib rau lwm tus kws pab tib yam
2. Explain that the consumer's information will only be shared to these services/agencies if the consumer has agreed and, when referring, advise that the referral for service can still proceed if the consumer does not want information disclosed
3. Qhia rau tus neeg consumer kom paub txog tias txhua yam ntsiab-lus hais txog nws yuav raug khaws zais tseg (privacy), muab phau ntawv "Your Information – It's Private – Koj cov Ntsiab-lus – Nws yuav Khaws zais tseg" rau tus neeg consumer nqa mus nyeem
3. Provide the consumer with information about privacy, such as the brochure "Your Information – It's Private"
4. Muab daim ntawv form no luam ib daim rau tus neeg consumer tomqab ntawd sau tiav lawm
4. Provide the consumer with a copy of this form if requested (see guidelines) once completed

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This information collected by:		CCSI Page 2 of 2
Name: _____	Position/Agency: _____	
Sign: _____	Date: dd/mm/yyyy    /    / _____	Contact number: _____