

# Consumer Consent to Share Information

## Consintamantul Consumatorului pentru a Dezvalui Informatii

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

Pentru a inregistra consintamantul liber informat al consumatorului de a-si dezvalui informatia catre o anumita agentie/agentii pentru un anumit scop/scopuri.

### Consumer

#### Consumator

Name:

Nume:

Date of Birth: dd/mm/yyyy / /

Data nasterii: zi/luna/an / /

Sex:

Sexul:

UR Number:

Nr.de spital:

or affix label here  
Sau aplicati eticheta aici

## Section 1: Proposed Information Uses and Disclosures

### Sectia 1: Informatia propusa Utilizari si Dezvaluiri

Service Type Tipul Serviciului Examples: – Physiotherapy – Specialist consultant Exemple: – Fizioterapie – Consultant de specialitate	Name of Agency Numele Agentiei Examples: – Any agency – Nominated clinic Exemple: – Orice agentie – Clinica nominata	Type of Information <i>(including limits as applicable)</i> Tipul Informatiei <i>(incluzand limite in functie de caz.)</i> Examples: – All relevant information – Test results only Exemple: – Toata informatia relevanta – Numai rezultatele testelor	Purpose/s Scop/scopuri Examples: – Referral – Care coordination Exemple: – Trimiteri – Coordinare ingrijire

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## Section 2: Record of Consumer Consent

### Sectia 2: Documentarea Consimtamantului Consumatorului

2(a) Written Consumer Consent Or  
2(a) Consimtamantul Consumatorului in scris Sau

*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.*

*Angajatul/persoana competenta a discutat cu mine, cum si de ce anumite informatii personale pot fi divulgate altor prestatori de servicii. In cunostinta de cauza, confirm ca sunt de accord ca informatia sa fie dezvaluata in conformitate cu cele sus mentionate.*

Signed:

Semnatura:

Dated: dd/mm/yyyy / /

Data: zi/luna/an / /

Signed by:

Semnat de:

Consumer OR

Consumator SAU

Authorised representative on behalf of:

Rezentant autorizat in numele:

\_\_\_\_\_

(Consumer)

\_\_\_\_\_

(Consumator)

**Witnessed by:**

**Martor:**

Signed:

\_\_\_\_\_

(Worker/Practitioner)

Semnat de:

\_\_\_\_\_

(Angajat/Doctor)

Dated: dd/mm/yyyy / /

Data: zi/luna/an / /

Worker/Practitioner Name:

Numele Angajatului/Persoanei competente:

Position:

Functie:

2(b) Verbal Consumer Consent  
2(b) Consimtamantul verbal al Consumatorului

Worker/Practitioner Use Only

Folosit numai de angajat/persoana competenta

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

Consimtamantul verbal ar trebui folosit numai cand nu este posibil sa se obtina consimtamantul in scris.

*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.*

*Am discutat cu consumatorul/rezentantul autorizat al consumatorului cum si de ce anumite informatii pot fi dezvaluite altor prestatori de servicii. Confirm in cunostinta de cauza, si sunt de accord ca informatia prezentata sa fie dezvaluata in conformitate cu cele mai sus mentionate.*

Signed:

\_\_\_\_\_

(Worker/Practitioner)

Semnat de:

\_\_\_\_\_

(Angajat/Doctor)

Dated: dd/mm/yyyy / /

Data: zi/luna/an / /

Worker/Practitioner Name:

Numele Angajatului/Persoanei competente:

Position:

Functie:

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)

Pentru a ne asigura ca, consumatorul/rezentantul autorizat al consumatorului este capabil sa ia o decizie constienta asupra informatiei dezvaluite in conformitate cu cele sus mentionate angajatul/persoana competenta ar trebui: (a se bifa la completare)

1. Discuss with the consumer the proposed sharing of information with other services/agencies
1. Sa discute cu consumatorul dezvaluirea propusa de informatii catre alte servicii/agentii
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. Sa explice ca informatia consumatorului va fi dezvaluata numai catre aceste servicii/agentii daca consumatorul a acceptat si, cand este cazul, sa aduca la cunostinta utilizatorului, ca recomandarea pentru acest serviciu poate continua chiar daca consumatorul nu doreste informatia dezvaluata
3. Provide the consumer with information about privacy, such as the brochure 'Your Information – It's Private'
3. Sa informeze consumatorul despre confidentialitate, de exemplu brosură "Informatia Dumneavoastra – Este confidentiala"
4. Provide the consumer with a copy of this form if requested (see guidelines) once completed
4. Sa puna la dispozitia consumatorului o copie a acestui formular in forma finala, daca este solicitata (faceti referire la instructiuni)

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