

# Consumer Consent to Share Information

## Maliega a le o fa'aaogaina lenei tautua e fa'asoa ai fa'amatalaga

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

Mo le fa'amauiina o fa'amatalaga ua fa'ailoaina fua mai, i le maliega a le o fa'aaogaina lenei tautua, e fa'asoa ai o latou fa'amatalaga ma se/ni sui ofisa ma'oti mo se/ni aoga ma'oti.

### Consumer

#### Le o fa'aaogaina lenei tautua

Name:

Suafa:

Date of Birth: dd/mm/yyyy / /

Aso Fanau: dd/mm/yyyy / /

Sex:

Ali'i/Tama'ita'i:

UR Number:

Lou numera fa'amauiina:

or affix label here  
pe fa'apipi'i le pepa i'inei

## Section 1: Proposed Information Uses and Disclosures

### Vaega 1: Fa'amatalaga Fuafuaina – Fa'aaogaina ma le fa'ailoaina

Service Type Itu'aiga auauunaga Examples: – Physiotherapy – Specialist consultant Fa'ata'ita'iga: – Fofō ma Fa'amalositino mo e gasegase – Foma'i faapitoa	Name of Agency Igoa o le Sui/Ofisa Examples: – Any agency – Nominated clinic Fa'ata'ita'iga: – So'o se sui/ofisa – Falema'i ua filifilia	Type of Information <i>(including limits as applicable)</i> Itu'aiga o Fa'amatalaga <i>(e aofia ai o tapula'a e tatau ai)</i> Examples: – All relevant information – Test results only Fa'ata'ita'iga: – Fa'amatalaga uma e talafeagai – Na o i'uga o su'esu'ega	Purpose/s Se aoga/ni aoga Examples: – Referral – Care coordination Fa'ata'ita'iga: – Fa'asinomaga – Tu'u fa'atasia o tautua mo le tausiga o gasegase

## Section 2: Record of Consumer Consent

### Vaega 2: Faamaumauga o le maliega a le o fa'aaoga'ina lenei tautua

2(a) Written Consumer Consent Or

2(a) Maliega Tusitusia a le o fa'aaogaina lenei tautua  
Po o

2(b) Verbal Consumer Consent

2(b) Maliega tautalagia a le o fa'aaogaina lenei tautua

*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.*

*O le Tagata faigaluega/foma'i ua uma ona ma talanoa pe fa'apefea, ma aisea fo'i e i ai ni fa'amatalaga fa'apitoa e uiga ia te a'u e ono fa'asoa atu i isi vaega o lo'o galulue tautua fo'i i latou. Ua ou malamalama i ai ma ou te tu'uina atu lo'u maliega atoatoa mo fa'amatalaga ina ia fa'asoaina atu e pei ona au'ili'iliina i luga.*

Signed: \_\_\_\_\_

Sainia: \_\_\_\_\_

Dated: dd/mm/yyyy / / \_\_\_\_\_

Aso: dd/mm/yyyy / / \_\_\_\_\_

Signed by: \_\_\_\_\_

Sainia e:

Consumer OR

Le o fa'aaogaina lenei tautua PO O

Authorised representative on behalf of:

Le ua tu'uina i ai le fa'atanaga e fai ai ma sui o: \_\_\_\_\_

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

\_\_\_\_\_  
(Le o fa'aaogaina le tautua)

**Witnessed by:**

**Molimauiua e:**

Signed: \_\_\_\_\_  
(Worker/Practitioner)

Sainia: \_\_\_\_\_  
(Tagata faigaluega/Foma'i)

Dated: dd/mm/yyyy / / \_\_\_\_\_

Aso: dd/mm/yyyy / / \_\_\_\_\_

Worker/Practitioner Name: \_\_\_\_\_

Suafa Tagata faigaluega/Foma'i: \_\_\_\_\_

Position: \_\_\_\_\_

Tulaga: \_\_\_\_\_

Worker/Practitioner Use Only

Na o le Tagata faigaluega/Foma'i e Fa'aaogaina

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

O maliega tautalagia e tatau ona fa'ato'a fa'aaogaina pe a le mafai ona fa'atinoina se maliega tusitusia.

*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.*

*Ua uma ona ma talanoa ma le o fa'aaogaina lenei tautua, pe o le ua tu'uina i ai le fa'atanaga e fai ai ma sui o le o fa'aaogaina lenei tautua, pe fa'apefea ma aisea e ono fa'asoa atu ai nisi o fa'amatalaga fa'apitoa i isi fo'i vaega o lo'o galulue tautua. Ua fa'amalieina a'u ina ua 'ou malamalama ma o le maliega atoatoa mo fa'amatalaga ina ia fa'asoaina atu e pei ona au'ili'ili'ina i luga, ua ou tu'uina atu.*

Signed: \_\_\_\_\_  
(Worker/Practitioner)

Sainia: \_\_\_\_\_  
(Tagata faigaluega/Foma'i)

Dated: dd/mm/yyyy / / \_\_\_\_\_

Aso: dd/mm/yyyy / / \_\_\_\_\_

Worker/Practitioner Name: \_\_\_\_\_

Suafa Tagata faigaluega/Foma'i: \_\_\_\_\_

Position: \_\_\_\_\_

Tulaga: \_\_\_\_\_

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)

Ina ia mautinoa ua mafaia e le o fa'aaogaina lenei tautua, pe o le ua tu'uina i ai le fa'atanaga e fai ai ma sui o le o fa'aaogaina lenei tautua ona faia se filifiliga malamalama pei ona au'ili'ili'ina i luga, e ao i le tagata faigaluega/foma'i ona: (fa'asa'o pe a uma ona fa'atumu)

1. Discuss with the consumer the proposed sharing of information with other services/agencies
1. la talanoa ma le o fa'aaogaina lenei tautua ia fuafuaga mo le fa'asoaina atu o fa'amatalaga i isi auaunaga/sui/ofisa
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. la fa'amalamalama e fa'apea, o fa'amatalaga a le o fa'aaogaina lenei tautua e fa'ato'a fa'asoaina atu lava i nei auaunaga/sui/ofisa pe a ua finagalo malie i ai le o fa'aaogaina lenei tautua ma, pe a fa'asino atu i isi auaunaga, ia fautuaina na auaunaga e mafai lava ona fa'aaou le galuega tusa pe le finagalo malie le o fa'aaogaina lenei tautua e fa'ailoa atu ona fa'amatalaga
3. Provide the consumer with information about privacy, such as the brochure 'Your Information – It's Private'
3. la tu'uina i le o fa'aaogaina lenei tautua ia fa'amatalaga e uiga i le malu puipuia (privacy) pei ona lomina i le pepa 'Ou fa'amatalaga – e malu puipuia'
4. Provide the consumer with a copy of this form if requested (see guidelines) once completed
4. la tu'uina i le o fa'aaogaina lenei tautua se kopi o lenei pepa pe afai e talosaga mai (va'ai ta'iala) pe a uma ona fa'atumuina.

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