

用戶資料

共享同意書

Consumer Consent to Share Information

本同意書之目的是將用戶自願同意與特定機構為特定目的共享其資料的情況加以記錄。

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

用戶

Consumer

姓名：

Name:

出生日期：日/月/年 / /

Date of Birth: dd/mm/yyyy / /

性別：

Sex:

UR號：

UR Number:

或在此貼上標籤
or affix label here

第一部分：資料的建議用途和披露情況

Section 1: Proposed Information Uses and Disclosures

服務類型 Service Type 例如： - 物理療法 - 專科醫生診療 Examples: - Physiotherapy - Specialist consultant	機構名稱 Name of Agency 例如： - 任何機構 - 指定診所 Examples: - Any agency - Nominated clinic	資料類型 (包括適用限制條件) Type of Information (including limits as applicable) 例如： - 所有相關資料 - 僅限于測試結果 Examples: - All relevant information - Test results only	目的 Purpose/s 例如： - 轉介 - 護理協調 Examples: - Referral - Care coordination

Consumer Consent to Share Information

第二部分：用戶同意記錄書

Section 2: Record of Consumer Consent

2(a) 用戶書面同意書 或
2(a) Written Consumer Consent Or

我的護理工作者/醫師已和我討論過如何及為何要與其它服務機構共享本人的某些資料的問題。我明白此事，并對共享上述資料表示知情同意。

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.

簽字：
Signed: _____

日期：日/月/年 / /
Dated: dd/mm/yyyy / /

簽字：
Signed by:
 用戶 或
 Consumer OR
 以下人士授權代表：
 Authorised representative on behalf of: _____

(用戶)

(Consumer)

見證人：
Witnessed by:
簽名：_____
(護理工作者/醫師)
Signed: _____
(Worker/Practitioner)

日期：日/月/年 / /
Dated: dd/mm/yyyy / /

護理工作者/醫師姓名：
Worker/Practitioner Name: _____

職務：
Position: _____

2(b) 用戶口頭同意書
2(b) Verbal Consumer Consent

僅限護理工作者/醫師使用
Worker/Practitioner Use Only

僅在無法獲取書面同意書時方可使用口頭同意書。
Verbal consent should only be used where it is not practicable to obtain written consent.

我已和用戶/其授權代表討論過，如何及為何要與其它服務機構共享某些資料的問題。我確信相關人士對此已經明白，而且已經對上述資料共享事宜表示知情同意。

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.

簽名：_____
(護理工作者/醫師)
Signed: _____
(Worker/Practitioner)

日期：日/月/年 / /
Dated: dd/mm/yyyy / /

護理工作者/醫師姓名：
Worker/Practitioner Name: _____

職務：
Position: _____

為確保用戶/用戶授權代表能夠對是否同意上述共享資料之事做出知情決定，護理工作者/醫師應做到以下幾點：(完成後請打勾)

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. 與用戶討論與其它服務/機構共享資料的建議。
1. Discuss with the consumer the proposed sharing of information with other services/agencies
2. 向用戶解釋，其資料僅在用戶同意時才與服務/機構共享，并在轉介時向其說明即使其不希望披露資料，仍可繼續獲得轉介服務
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
3. 為用戶提供有關隱私權的資料，如《您的資料—私隱保密》手冊
3. Provide the consumer with information about privacy, such as the brochure 'Your Information – It's Private'
4. 填寫完畢後，可應用戶要求，向其提供一份本表複印件
4. Provide the consumer with a copy of this form if requested (see guidelines) once completed

Produced by the Victorian Department of Human Services, 2009

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