

Consumer Consent to Share Information

Potrošnikova Privolitev za Prispevanje Informacije

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

Registracija privolitve, ki jo je potrošnik dal prostovoljno in poučeno, za prispevanje osebne informacije določeni agenciji/am za določen namen/e.

Consumer**Potrošnik**

Name:

Ime:

Date of Birth: dd/mm/yyyy / /

Datum rojstva: dd/mm/leto / /

Sex:

Spol:

UR Number:

EMŠO:

or affix label here
ali prilepite etiketo

Section 1: Proposed Information Uses and Disclosures

Del 1: Predlagana uporaba in razkritje informacije

Service Type Vrsta usluge	Name of Agency Ime agencije	Type of Information (including limits as applicable) Vrsta informacije (vključno primerne omejitve)	Purpose/s Namen/i
Examples: – Physiotherapy – Specialist consultant Primeri: – Fizioterapija – Špecialist	Examples: – Any agency – Nominated clinic Primeri: – Katerakoli agencija – Določena klinika	Examples: – All relevant information – Test results only Primeri: – vsa ustrezna informacija – samo rezultati preiskav	Examples: – Referral – Care coordination Primeri: – Napotnica – Koordinacija oskrbe

Section 2: Record of Consumer Consent

Del 2: Potrošnikova privolitev za prispevanje informacije

2(a) Written Consumer Consent Or

2(a) Pismena privolitev potrošnika Ali

2(b) Verbal Consumer Consent

2(b) Ustna privolitev potrošnika

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.

Delavec/zdravnik mi je v razpravi pojasnil, kako in zakaj se lahko določena informacija deli z drugimi službenimi organi. Jaz to razumem, sem o tem poučen in soglašam z deljenjem zgoraj navedene informacije.

Signed: _____

Podpisani: _____

Dated: dd/mm/yyyy / /

Datum: dd/mm/leto / /

Signed by: _____

Podpis: _____

Consumer OR

Potrošnik ALI

Authorised representative on behalf of:

Pooblaščen zastopnik za: _____

(Consumer)

(Potrošnik)

Witnessed by:

V prisotnosti:

Signed: _____
(Worker/Practitioner)

Podpisani: _____
(Delavec/Zdravnik)

Dated: dd/mm/yyyy / /

Datum: dd/mm/leto / /

Worker/Practitioner Name: _____

Ime Delavca/Zdravnika: _____

Position: _____

Položaj: _____

Worker/Practitioner Use Only

Uporaba samo za delavca/zdravnika

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

Ustno soglasje se uporablja le, kjer ni možno pridobiti pisne privolitve.

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.

Jaz sem v razpravi potrošniku/potrošnikovemu zastopniku pojasnil kako in zakaj je mogoče, da se bo določena informacija delila z drugimi službenimi organi. Prepričan sem, da je bilo to razumljeno in, da smo dobili poučeno privolitev za deljenje zgoraj navedene informacije.

Signed: _____
(Worker/Practitioner)

Podpisani: _____
(Delavec/Zdravnik)

Dated: dd/mm/yyyy / /

Datum: dd/mm/leto / /

Worker/Practitioner Name: _____

Ime Delavca/Zdravnika: _____

Position: _____

Položaj: _____

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)

V zagotovitev, da je potrošnik/potrošnikov pooblaščen zastopnik sposoben poučeno odločiti o privolitvi za deljenje zgoraj navedene informacije, mora delavec/zdravnik: (označite dokončano s kljukico)

1. Discuss with the consumer the proposed sharing of information with other services/agencies
1. Razpraviti s potrošnikom predlagano deljenje informacije z drugimi službami/agencijami
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. Pojasniti, da se bo potrošnikova informacija delila z drugimi službami/agencijami le, če se potrošnik s tem strinja in, če je potrebna napotnica za druge usluge obvestite, da je to možno četudi se potrošnik ne strinja, da se njegova informacija razkrije
3. Provide the consumer with information about privacy, such as the brochure 'Your Information – It's Private'
3. Posredovati potrošniku informacijo o zasebnosti, kot na primer brošuro 'Vaša informacija - Je zasebna'
4. Provide the consumer with a copy of this form if requested (see guidelines) once completed
4. Posredovati potrošniku kopijo tega obrazca, če to zahteva (poglejte navodila) ko je izpolnjen

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