

Consent to share information

Kunsens biex informazzjoni tinqasam ma' oħrajn

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

Skop: Biex jinżamm rekord ta' kunsens infurmat mogħti volontarjament mill-konsumatur biex l-informazzjoni tagħhom tkun maqsuma ma' aġenzija/i għal skop/skopijiet speċifiċi.

Consumer

Konsumatur

Name:

Isem:

Date of Birth: dd/mm/yyyy / /

Data tat-Twelid: gg/xx/sss / /

Sex:

Sess:

UR Number:

Numru UR:

or affix label here
Jew waħħal lejbil hawnhekk

Section 1: Personal/health information to be shared

Sezzjoni 1: Informazzjoni personali/dwar is-saħħa biex tinqasam ma' oħrajn

Service Type Tip ta' Servizz Examples: – Physiotherapy – counseling Eżempji: – fiżjoterapija – konsulenza	Name of Agency Isem tal-Aġenzija Examples: – Strawberry Community Health centre – Blueberry City Council Eżempji: – Komunità Frawli Ċentru tas-saħħa (Strawberry Community Health centre) – Kunsill tal-Belt Blueberry (Blueberry City Council)	Type of Information Tip ta' Informazzjoni Examples: – all relevant information – exceptions as stated by consumer Eżempji: – l-informazzjoni rilevanti kollha – eċċezzjonijiet kif iddikjarati mill-konsumatur	Purpose/s Skop/Skopijiet Examples: – referral – shared care/case planning – informing services participating in consumer's care Eżempji: – riferimenti – kura komuni/ippjanar tal-każijiet – servizzi ta' informazzjoni li qed jipparteċipaw fil-kura tal-konsumaturi

Section 2: Record of consent

Sezzjoni 2: Rekord tal-kunsens

☐ **Written consumer consent**

☐ **Kunsens tal-konsumatur bil-miktub**

The worker/practitioner has discussed with me who and why certain information about me may be shared with other service providers, as above. I understand this and I give my consent for the information to be shared.

Il-ħaddiem/tabib iddiskuta miegħi kif u għaliex ċerta informazzjoni dwari tista' tinqasam ma' fornituri oħra tas-servizz. Jien nifhem dan u nagħti l-kunsens infurmat tiegħi li din l-informazzjoni tinqasam kif speċifikat hawn fuq.

Signed:

Iffirmat:

Dated: dd/mm/yyyy / /

Datata (gg/xx/sss): / /

or
jew

☐ **Verbal consumer consent**

☐ **Kunsens verbali tal-konsumatur**

I have discussed with the consumer 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.

Iddiskutejt mal-konsumatur kif u għaliex ċerta informazzjoni tista' tinqasam ma' fornituri ta' servizzi oħra. Jien sodisfatt li dan għe mifhum u li ngħata kunsens infurmat biex l-informazzjoni tinqasam kif speċifikat hawn fuq.

or

jew

☐ **Consumer does not have the capacity to provide consent**

☐ **Il-konsumatur ma jkollux il-kapaċità jipprovdi l-kunsens**

(that is, they do not understand the nature of what they are consenting to, or the consequences)

(jiġifieri, ma jifhem in-natura ta' dak li għalih qed jagħtu l-kunsens tagħhom, jew il-konsegwenzi)

☐ Consent given by authorised representative _____

(name of authorised representative)

☐ Kunsens mogħti minn rappreżentanti awtorizzati _____

(isem ir-rappreżentant awtorizzat)

☐ There is no authorising representative or they were uncontactable; therefore, the information 2001* will be shared as set out in the Health Records Act

☐ M'hemmx rappreżentant ta' awtorizzazzjoni jew ma jistgħux jiġu kkuntattjati; għalhekk, l-informazzjoni tinqasam kif stipulat fl-Att tar-Rekords tas-Saħħa 2001*

**If it is not reasonably practical to obtain consent from an authorised representative or the consumer does not have an authorised representative, health information can still be shared in the circumstances set out in the Health Records Act 2001. This includes where the sharing of information is done by a health service provider and is reasonably necessary for the provision of a health service or where there is a statutory requirement.*

**Jekk ma jkunx raġonevolment prattiku biex jinkiseb il-kunsens minn rappreżentant awtorizzat jew il-konsumatur m'għandux rappreżentant awtorizzat, l-informazzjoni dwar is-saħħa xorta tista' tinqasam fiċ-ċirkostanzi stipulati fl-Att tar-Rekords tas-Saħħa 2001. Dan jinkludi fejn it-tqassim tal-informazzjoni isir minn fornitur tas-servizz tas-saħħa u huwa raġonevolment neċessarju għall-provvista ta' servizz tas-saħħa jew fejn hemm rekwiżit statutorju.*

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

Biex ikun żgurat li r-rappreżentant awtorizzat tal-konsumatur ikun jista' jagħmel deċiżjoni infurmata dwar il-kunsens għall-qsim ta' informazzjoni kif speċifikat hawn fuq, il-haddiem/tabib għandu (jimmarka meta jimla l-formula):

1. Discuss with the consumer the proposed sharing of information with other services/agencies

1. Iddiskuti mal-konsumatur il-qsim propost ta' informazzjoni ma' servizzi/aġenziji oħra

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. Spjega li l-informazzjoni tal-konsumatur tinqasam biss ma' dawn is-servizzi/aġenziji jekk il-konsumatur ikun qabel u meta jagħmel riferiment, javża li riferiment għas-servizz ikun jista' jipproċedi anke jekk il-konsumatur ma jkunx irid li informazzjoni tinkixef

3. Provide the consumer with information about privacy, such as the brochure Your Information – It's Private

3. Ipprovdi lill-konsumatur b'informazzjoni dwar privatezza, bħal m'huwa l-fuljett 'L-Informazzjoni Dwarek – Hija Privata'

4. Provide the consumer with a copy of this form once completed.

4. Ipprovdi lill-konsumatur b'kopja ta' din il-formola meta tkun mimlija.

Produced by the Victorian Department of Health, 2012
Iġġenerata mid-Dipartiment tas-Saħħa ta Victoria, 2012

Consent obtained/witnessed by:
Kunsens miksub/ivverifikat minn:

Name:

Isem:

Sign:

Iffirma:

Position/Agency:

Pożizzjoni/Aġenzija:

Date: dd/mm/yyyy / /

Data: gg/xx/ssss / /

CSI Page 1 of 1

Paġna CSI 1 minn 1

Contact number:

Numru tal-kuntatt: