

# Consent to share information

## Maliega mo le fa'asoaina o fa'amatalaga

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

Autū: Mo le fa'amauna o fa'amatalaga ua fa'aioloaina fua mai, i le maliega a le o fa'aaogaina lenei tautua, e fa'aso 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:

Igoa:

Date of Birth: dd/mm/yyyy / /

Aso Fanau: aa/mm/tttt / /

Sex:

Ali'i/Tama'ita'i

UR Number:

Lau Numera UR:

or affix label here  
Pe fa'apipi'i le pepa iinei

### Section 1: Personal/health information to be shared

#### Vaega 1: fa'amatalaga e patino i le tagata/soifua maloloina e fa'aso

Service Type Itu'aiga auaunaga Examples: – Physiotherapy – counseling Fa'ata'ita'iga: – Fofō ma Fa'amalositino mo e gasegase – Fautuaga mai foma'i	Name of Agency Igoa o le Sui/Ofisa Examples: – Strawberry Community Health centre – Blueberry City Council Fa'ata'ita'iga: – Falema'i Lautele i le alaalafaga o Strawberry – Fono Aoao o le Nu'u o Blueberry	Type of Information Itu'aiga o Fa'amatalaga Examples: – all relevant information – exceptions as stated by consumer Fa'ata'ita'iga: – Fa'amatalaga uma e talafeagai – Tulaga e le aofia e pei ona ta'uā e le o auai i lea tautua	Purpose/s Se aoga/ni aoga Examples: – referral – shared care/case planning – informing services participating in consumer's care Fa'ata'ita'iga: – Fa'asinomaga – tausiga ua fa'asoaina/fuafuaga mo mata'upu – fa'aaliga mo ofisa o tautua o lo o auai i le tausiga a le o fa'aaogaina lea tautua

### Section 2: Record of consent

#### Vaega 2: Fa'amaumauga o le maliega

**Written consumer consent**

**Fa'amaumauga o le maliega a le o fa'aaoga'ina lenei tautua**

*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.*

*O le Tagata faigaluega/foma'i ua uma ona ma talanoa pefa'apefea, ma aisea fo'i e ai ni fa'amatalaga fa'apitoa e uiga ia tea'u e ono fa'aso atu i isi vaega o lo'o galulue tautua fo'i latou, e pei ona ta'uā i luga. Ua ou malamalama i lenei tulaga ma out e malie e fa'aso nei fa'amatalaga.*

Signed:

Sainia:

Dated: dd/mm/yyyy / /

Aso (aa/mm/tttt): / /

or

Po o

**Verbal consumer consent**

**Verbal consumer consent**

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.

Ua uma ona ma talanoa ma le o fa'aaogaina lenei tautua i le mafua'aga fa'apea ma auala e mafai ona fa'asoai a fa'amatalaga fa'apitoa ma isi foma'i. Ua fa'amalieina a'u ina ua 'ou malamalama ma o le maliega atoatoa mo fa'amatalaga ina ia fa'asoain aatu e pei ona au'ilili'ina i luga, ua ou tu'uina atu.

or

Po o

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

**E leai se aia po o le mafai a le o fa'aaogaina lenei tautua e fai ai se maliega**

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

(o lea, e latou te le malamalama i le auga tonu o le mata'upu o lo mana'omia ona fai ai se maliega, po o ni tulaga e tutupu mai ai)

Consent given by authorised representative \_\_\_\_\_

(name of authorised representative)

Maliega ua fai e se sui ua tofia, po o le authorised representative \_\_\_\_\_

(igoa o le sui tofia)

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

E leai se sui tofia pe sa le mafai ona fa'afeso'ota'i iai latou; o lea, o le a fa'asoain a fa'amatalaga e tusa ai ma le tulafono mo fa'amaumauga ua ta'ua o le Health Records Act 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.

\*Afai e le talafeagai le mauaina o se maliega mai se sui tofia pe ua leai se tasi e avea ma sui mo le o fa'aaogaina lenei tautua, e mafai ona fa'aaoga pea fa'amatalaga e tusa ai ma le tulafono ua ta'ua o le Health Records Act 2001. E aofia ai le fa'asoain a fa'amatalaga e se foma'i po o se falema'i, ma ua tatau ma talafeagai e tusa ai ma le tulafono ua ta'ua po o se tulaga ua mana'omia ona fai ma e tusa ai ma le tulafono.

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):

Ina ia mautinoa ua mafai 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 filifiliqa malamalama pei ona au'ilili'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'asoain aatu 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'asoain aatu 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'auau 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 lomia i le pepa, Ou fa'amatalaga – E malu puipuia

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

4. la tu'uina i le o fa'aaogaina lenei tautua se kopi o lenei pepa fa'atumu pe a uma ona fa'atumuina.

Produced by the Victorian Department of Health, 2012

Saunia e le Matagaluega o Soifua Maloloina a Victorian, 2012

Consent obtained/witnessed by:  
Maliega ua maua/fa'amaonia e:

**CSI Page 1 of 1  
CSI Laupepa 1 i le 1**

Name:

Position/Agency:

Igoa:

Tulaga/Ofisa:

Sign:

Date: dd/mm/yyyy / /

Saini:

Aso: aa/mm/tttt / /

Contact number:

Numera Telefoni: