|  |  |  |
| --- | --- | --- |
| Consent to share information**Elder Abuse Prevention and Response Integrated Model of Care**Purpose: to record freely given informed consumer consent to share their information with a specific agency/ies for a specific purpose/s. |  | **Consumer**Name:      Date of Birth: dd/mm/yyyy    /    /    Gender:      Address:or affix label here |

Section 1: Personal/health information to be shared

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Type** | **Name of Agency** | **Type of Information** | **Purpose/s** |
| Elder Abuse Prevention & Response Liaison | Western Health | Demographic &Assessment details | Consultation & Data recording |
| Elder Abuse Prevention Counselling Service | Sunbury Community Health | Demographic &Assessment details | Register contact details, create Client record, provide Service |
| Elder Abuse Prevention Financial Counselling  | Anglicare | Demographic &Assessment details | Register contact details, create Client record, provide Service |
| Referrer |  | Acknowledgement Outcome | To provide feedback to referring Agency |
|  |  |  |  |
|  |  |  |  |

Section 2: Record of consent

|  |
| --- |
| [ ]  **Written consumer consent** *The worker/practitioner has discussed with me how 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.*Signed: Dated (dd/mm/yyyy):    /    /    **or**[ ]  **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.***or**[ ]  **Consumer does not have the capacity to provide consent**(that is, they do not understand the nature of what they are consenting to, or the consequences) [ ]  Consent given by authorised representative        *(name of authorised representative)* [ ]  There is no Authorising representative or they were uncontactable; therefore, the information will be shared as set out in the *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. |

Consent to Share Information

|  |  |
| --- | --- |
| Consent obtained/witnessed by: | CSI Page 1 of 1 |
| Name:       | Position/Agency:       |
| Sign: | Date: dd/mm/yyyy    /    /     | Contact number:       |