

Consent to Share Information

Client Details:

Please enter the name and details of the client

Full Name: _____ Date of Birth: ____/____/____ Sex: _____

Section 1: Personal/Health information to be shared

The purpose of this form is for the client to give informed consent regarding which information Alpha Nursing is authorised to share with other agencies and for what purpose that information can be shared.

Service Type e.g. Pysiotherapy, Counselling	Name of Agency e.g. NDIS	Type of information e.g. All, Exceptions as stated by client	Purpose e.g. Referral, Service Planning

Written Client Consent /or

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

Print Name: _____

Signed: _____

Date: ____/____/____

Signed by: Client or Authorised Representative

Witness

Name: _____

Signature: _____

Verbal Consent

Workers Use Only

Verbal consent should only be used if it is not practical or possible to obtain written consent

I have discussed with the client how and why certain information may be shared with other service providers. I am satisfied that this has been understood and that that informed consent for the information to be shared as detailed above has been given.

Signature: _____

Name of worker: _____

Date: ____/____/____

Position: _____

To ensure that the client or their authorised representative can make an informed decision about consenting to the sharing of information as detailed above, the worker should (tick when completed):

1. Discuss with the client the proposed sharing of information with other agencies
2. Explain that the client's information will only be shared with these agencies if the client has agreed and, when referring, advise that referral for service can still proceed if the client does not want information disclosed
3. Explain that information will still be shared even without consent to certain health providers or government agencies where it is required under law or reasonably necessary
4. Provide the client with a copy of this form once completed