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| **Consent to share information**Purpose: to record freely given informed Service User consent to share their information with a specific agency/ies for a specific purpose/s. |  | **Service User**Name:Date of Birth (dd/mm/yyyy): / / Sex: |

Section 1: I consent to have **my photo** taken and published (shared)

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| **Type of information** | **Name of Agency** | **Purpose/s** |
| Name and Photo | Serbian newspapers,Local newspapers,Casey Social Support website | Promote SSSS Inc. andAdvertise participation in the program |

Section 2: Record of consent

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|  **Written Service User 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 Service User consent***I have discussed with the Service User 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 **Service User 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 Service User 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. |
| To ensure that the Service User’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):1. Discuss with the Service User the proposed sharing of information with other services/agencies
2. Explain that the Service User’s information will only be shared with these services/agencies if the Service

User has agreed **Consent form updated by SSSS Inc. on 16/11/2022**  |
| **Consent obtained/witnessed by**: CSI Page 1 of 1Name: Position/Agency: |
| Sign: Date: dd/mm/yyyy / / Contact number:  |