

CONSENT FOR SHARING INFORMATION

(MRMHA-O)

1a. Affix patient identification label in this box

Hospital:

UR No:

Surname:

Given Name:

Second Given Name:

D.O.B: Sex:

*Mental Health Act 2009—Section 106
Chief Psychiatrist Standard – Patient and Solicitor Access to Patient Records
Government of South Australia – Information Sharing Guidelines (ISG)*

1b. PERSON ADDRESS DETAILS *(if not on or different from patient label above)*

Address:

Suburb/town: Postcode: _____

2. INFORMATION SHARING PROVISIONS

Information about you is confidential but may be shared with your permission, or if required by law, or in other specific circumstances. Information may also be shared with other agencies, or with a relative, carer or friend, if it is reasonably required for your treatment and care and it is in your best interests.

3. CONSENT TO SHARE INFORMATION

The treating team has explained the information sharing circumstances to me and

I understand what information will be shared, why it will be shared and with whom it will be shared.

I consent to the information being shared, or

I do not consent to the information being shared.

| | |
|----------------------------------|---|
| Full Name <i>(Please print):</i> | Self <input type="checkbox"/> Substitute Decision Maker (Medical Agent) <input type="checkbox"/> Guardian <input type="checkbox"/> Parent <input type="checkbox"/> |
| Signature: | ___ / ___ / 20 ___ at ___ : ___ (24-hour clock) |

4. CLINICIAN FACILITATING INFORMATION SHARING

| | |
|--|---|
| Full Name <i>(Please print):</i> | Designation: <i>(Please print):</i> |
| Signature: | ___ / ___ / 20 ___ at ___ : ___ (24-hour clock) |
| Health service/agency <i>(Please print):</i> | |

5. HEALTH SERVICE / AGENCY OBLIGATIONS

The patient or other person giving consent must be given a copy of this form as soon as practicable.

Consent to share information should be reviewed whenever there is a significant change to treatment and care, when new agencies or individuals provide treatment and care, or when requested by the patient.

The reasons for the making of this consent and the provision of copies must be noted in the person's medical records and/or casenotes, whether electronic or paper-based.

SHARING INFORMATION CONSENT

MRMHA-O