DISABILITY GETAWAYS CONSENT TO SHARE INFORMATION This is consent to share information form

You’re Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Consent means you say yes.



Can we talk to other people about you?

Please circle Yes or No

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | People we can share info with | Details |
|  |  | Your Medical practitioner |  |
|  |  | Health Specialist-  |  |
|  |  | Health Specialist |  |
|  |  | Allied health practitioner |  |
|  |  | Disability Services SA |  |
|  |  | NDIA |  |
|  |  | Public Trustee |  |
|  |  | Bank |  |
|  |  | Family and friends |  |
|  |  | Other |  |

This is important:

Your information might be shared with others if we think you or others are not safe.

 PLEASE PUT A CIRCLE AROUND YOUR ANSWER

|  |  |  |
| --- | --- | --- |
| Yes | No |  |
|  |  | Home Place service has been explained to me.  |
|  |  | A Home Place worker has explained to me why information may need to be shared with others for safety  |
|  |  | Home Place can get information important to providing a support service to me.  |

Sharing of information may include

 Writing about you



RReading information about you



Talking to someone about you

Participant’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Verbal consent**I have discussed consent and safety withName of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I am satisfied that they understand about information sharing and I believe they have given informed consent.Disability Getaways staff member::Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
|  **Consent declined**Consent was declined because:Disability Getaways staff member:Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |