



Consent for Sharing of Information: Child 0-17 years Procedure - Population Health

1. Guiding Principles

This procedure provides WACHS Population Health staff with a process for the disclosure of client information to external parties. It must be read in conjunction with the WA Health system [MP 0010/16 Patient Confidentiality Policy](#).

Health workers owe a duty to maintain the confidentiality of all information obtained in the course of providing health care to clients of any age. The duty is also owed by administrative staff coming into contact with the information as part of the health care process. The duty does not cease when the therapeutic relationship ends, nor when the client dies.

In relation to the exchange or release of information for the protection of children, child abuse and neglect, and children in care health assessments, staff are referred directly to the WA Health system [OD 0606/15 Guidelines for Protecting Children 2015](#). Health professionals sharing information with others for the express purpose of seeking to protect a child from harm or abuse, are supported by law.

WACHS Population Health staff are required to complete a [Consent for Sharing of Information Form](#) when there is an intention to share information about a child aged 0-17 years with health practitioners, teachers or other parties external to WACHS.

2. Procedure

Duty of confidentiality

The duty of confidentiality means that information cannot generally be released to others without the client's permission or, where legally 'incompetent', the permission of the client's parent or legal guardian.

There are certain legal circumstances in which a client's confidentiality may be shared with others, including; court subpoena or summons, reporting of notifiable disease, mandatory reporting of children sexual abuse, child welfare concerns, and public interest (serious, imminent and identifiable risk of harm or danger to the health or life of any person).

Consent to share information

Consent is required to allow disclosure of client information to health practitioners and other parties external to the organisation.

Consent to share information may be expressed (verbal or written) or implied.

The client is to be consulted and informed each time information is to be shared, including details of content.

Consent to share information may be implied when other health workers within the health service have a legitimate therapeutic interest in the care of the client. In other words, where multiple health workers within the organisation are treating the client, consent to share information is not required.

Implied consent cannot apply where the client has expressly objected to the particular disclosure.

Requirements of consent

The client must be legally capable to give consent, that is, able to understand the situation relating to sharing of information i.e. Referral to a specialist service. Provide verbal explanation of the process to the client and if appropriate provide client with written resource “Consent for sharing of information: Information for families “. This resource is located on WACHS intranet: [WACHS Healthy Country Kids: Professional Resources](#)

The client must have received sufficient information about what is to be shared to make a decision as to whether to give consent. The information shared must relate to the specific health care of the client. When documenting the summary of information to be shared ensure this is read back and understood by the family, and enough detail has been included.

Consent must be freely and voluntarily given.

The client is to be provided with opportunity to discuss and record details of information they do not want shared. For example a parent may not want background family history to be included on the report.

Generally speaking the appropriate person to consent to the disclosure of a child’s confidential information is to be either of the child’s parents, or legal guardian.

Parental responsibility is not affected by changes to relationships (for example, separation or divorce), although it may be varied by court order. In that case, copies of the court orders are to be requested and, if necessary, legal advice obtained.

Where client/family circumstances or authority to release information have changed, arrange for the client to complete a new [Consent for Sharing of Information Form](#).

Consent by a minor

While parents have legal responsibility for their children until the child reaches 18 years of age, a child may themselves have the capacity to consent to the disclosure of their own confidential information. A child with this capacity is referred to as a ‘mature minor’.

A child may be a mature minor if they have the capacity to adequately understand and appreciate the reason for, and the consequences of, their confidential information being disclosed.

There is no fixed age at which a child will become a mature minor and the child’s capacity to make decisions may vary in different circumstances. A child’s capacity must be assessed in respect of the circumstances relevant to the decision that is to be made.

For information about assessing the maturity of a minor, refer to [Working with Youth – A legal resource for community-based health workers.](#)

3. Procedure for obtaining and recording consent to share information

- Identify the information that is required or requested to be shared, and who the information is to be shared with.
- Check and confirm if there is a current consent to share information form completed in client medical record.
- Review the consent form against the current requirements of sharing information. Ensure the form includes adequate summary of detail to include information that is to be shared and to whom. If the current summary information is not adequate, an additional form is to be completed.
- Following this review the information sharing consent qualifier in Community Health Information System clinical items can be checked to indicate outcome of this review, or recorded in comments in client medical record. This includes:
 - Consent current and applicable.
 - New consent completed.
 - Withdrawal of consent.
 - Client declined to give consent.
- If there is no current form or if the current form does not cover all areas of specific needs complete a new consent to share information form.
- Verbally explain the consent share information to the client and if appropriate provide client with written resource “Consent for sharing of information: Information for families “.
- Scan and attach the new completed form to client’s medical record.

4. Definitions

Competence	The capacity or capability, at law, of an individual to make decisions on his or her own behalf. Questions relating to the competence of clients usually arise in relation to children and intellectually disabled people
Child or Minor	A person under 18 years of age.
Client	Is synonymous with ‘patient’.
Health Care	An intervention provided by a health worker, which aims to promote, maintain, monitor or restore health. Interventions can include assessment, diagnosis, treatment, counselling, therapy, provision medication, and/or provision of information and advice.
Health Worker or Health Professional	Includes medical practitioners, nurses, psychiatrists, psychologists, social workers and all other allied health workers or health professionals who provide health care to clients.

Legal Guardian	In relation to a child, means the person having parental responsibility for that child. Such person will usually be the parent of the child unless parental responsibility had been varied by an order made by the court (e.g. a parenting order made by the Family Court or certain types of protection orders made under the <i>Children and Community Service Act 2004 (WA)</i>).
Parent	In relation to a child, means the person having parental responsibility for that child.
Parental Responsibility	In relation to a child means all the duties, powers, responsibilities and authority which, by law, parents have in relation to their children.

5. Roles and Responsibilities

Population Health Staff are responsible for;

Working with clients to complete [Consent for Sharing of Information Form](#) when there is an intention to share information about a child aged 0-17 years with health practitioners, teachers or other parties external to WACHS.

Ensuring contemporaneous records are maintained with regards consent to share information, and requests not to share information.

6. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016 \(WA\)](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

7. Records Management

Consent to share information forms are scanned and attached to the Community Health Information System. Document type “Consent”, from next of kin (NOK).

The consent to share information forms are located on the Healthy Country Kids intranet page : [WACHS Healthy Country Kids: Professional Resources](#)

Requests by clients not to share information is to be clearly noted in health records.

[Health Record Management Policy](#)

8. Evaluation

Monitoring of compliance with this document is to be carried out by regional Population Health managers, by annual audit of records sampled.

9. Standards

[National Safety and Quality Health Service Standards](#) 1.27, 2.3

10. References

Department of Health Western Australia. Working with Youth – A legal resource for community-based health workers. Perth: Department of Health Western Australia; 2007. (Revised 2013)

WACHS [WA Healthy Country Kids Program An Integrated Child Health and Development Service Strategy 2016 - 2019](#)

11. Related Forms

[WACHS Population Health - Consent for sharing of information Form Child 0-17 years](#)

12. Related Document

[WACHS Population Health - Consent for sharing of information: Child 0-17 years. Information for families](#)

13. Related WA Health System Policies

[MP 0010/16 Patient Confidentiality Policy](#)
[OD 0606/15 Guidelines for Protecting Children 2015](#)

14. Policy Framework

[Public Health](#)

**This document can be made available in alternative formats
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