



Government of **Western Australia**
 Department of **Health**
 WA Country Health Service

Health Service

**WACHS Population Health
 Consent for Sharing
 of Information
 Child 0-17 years**

Surname		UMRN / MRN	
Given Name		DOB	Gender
Address			Post Code
		Telephone	

This form aligns to the WACHS Population Health Services Consent to Sharing Guideline and Sharing of Information: Information for Families.

Consent for Sharing Information Forms are to be scanned and attached to the Community Health Information System (CHIS) placed in the document type "Consent" from next of kin (NOK).
Important Note: This hard-copy consent form is a legal document and is to be retained in accordance with the Patient Information Retention and Disposal Schedule.

CHILD'S DETAILS

I hereby provide consent for the WA Country Health Service – Population Health to share relevant information (written or verbal) to the agencies (as outlined below) in relation to:

_____ / ____ / ____
 Child's Full Name (please print) Child's Date of Birth

AGENCY / INDIVIDUAL

SUMMARY OF INFORMATION TO BE SHARED

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PERSON GIVING CONSENT

I understand what information is to be shared, and the reasons why this information is to be shared. The consent I have provided is valid for the duration of the therapy / intervention or up to a maximum of twelve months. I know that my consent to share this information may be changed or withdrawn at any time.

 Name (please print) Relationship to Child

 Signature OR Verbal consent given Date

STAFF MEMBER OBTAINING CONSENT ON BEHALF OF WA COUNTRY HEALTH SERVICE

 Staff Name (please print) Designation Signature Date