

## CONSENT TO SHARE HEALTH INFORMATION

### MONASH HEALTH FERTILITY

Purpose: To record freely given informed consumer consent to share their confidential health information with a specific agency/ies for a specific purpose/s.

#### CLIENTS DETAILS OR AFFIX LABEL

<b>Surname:</b>	Click here to enter text.	<b>Title:</b>	Choose an item.
<b>First Given Name:</b>	Click here to enter text.		
<b>UR</b>	Click here to enter text.		
<b>Preferred Name</b> (if applicable):	Click here to enter text.		
<b>Birth Date:</b>	Click here to enter a date.		

#### SECTION 1: PERSONAL HEALTH INFORMATION TO BE SHARED

Organisation	Types of Information	Purpose/s
Royal Women's Hospital – Public Fertility Care	All health and personal information collected by Monash Health as part of fertility treatment	To facilitate the ongoing coordination of care and continuing access to publicly funded fertility services.

#### SECTION 2: RECORD OF CONSENT

**Written consumer consent**

*The worker/practitioner has discussed with me how and why certain information may be shared with other public health service providers as above. I understand this and I give my consent for the sharing of my personal health information.*

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

**Date: (dd/mm/yyyy)** \_\_\_\_\_

**OR**

**Verbal consumer consent**

*I have discussed with the consumer 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.*

<b>Consent obtained/witnessed by:</b>	<b>Was consent completed with an interpreter?</b>	<b>Yes / No</b>
Name	Position:	
Sign:	Date: dd/mm/yyyy	