



Echuca Regional Health

INFORMATION SHARING CONSENT FVISS & CISS

SURNAME: UR NO:

GIVEN NAME:

DOB: SEX: WARD:

DOCTOR:

USE LABEL IF AVAILABLE

Information Sharing Enquiry Line: 1800 549 646 Email: CISandFVIS@education.vic.gov.au

INFORMATION SHARING CONSENT FAMILY VIOLENCE INFORMATION SHARING SCHEME (FVISS) & CHILD INFORMATION SHARING SCHEME (CISS): ADULTS

Name: DOB: / /

Address:

I (name) consent to the collection, use and sharing of my personal information under Part 5A of the Family Violence Protection Act 2008. I understand that my information may be shared without consent if there is a serious threat to myself or another individual's life, health, safety or welfare. I also understand that my information may be shared without consent if it is relevant for assessing or managing risks to a child victim survivor of family violence.

Signature: Date: / /

Name (print):

Worker Signature: Date: / /

Worker name (print):

Verbal consent: Date: / /

Please indicate your preferred contact method:

Mail:

Email:

Telephone:

Would you prefer to be called from a private number?

What is the best day and time to call?

Text Message:

A message left with an authorized person for you to return the call:

Authorised person contact details: Full name, relationship, telephone:

ENSURE PASSWORD PROTECTION OR DATA ENCRYPTION IF APPLICABLE.
A COPY OF THIS INFORMATION REQUEST, WHETHER APPROVED OR REFUSED, MUST BE KEPT ON THE CLIENT FILE.