



# 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 03 9194 3330 or 1800 549 646 [inforsharing@familysafety.vic.gov.au](mailto:inforsharing@familysafety.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.