**Information Sharing Documentation form**

**Request for information/ Proactive Sharing of Information**

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| **Details of person whose information is being requested/proactively shared**  *I am requesting/sharing information about* |
| SURNAME: …………………………………………………………………………………… NHI: ……………………………..  FIRST NAME: ………………………………………………………………………………... DOB: …………………………….  ADDRESS: …………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………… POST CODE: …………………  (*or affix patient label)* |

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| **Consultation**  *I have discussed with the person / their whanau that I am requesting/sharing information about them* | | | | |
| The person and/or their whanau are aware that this information is being requested/ proactively shared.  🞏Yes 🞏No  If No, please explain reasons.  *Be specific about safety issues or issues that need to be considered by the recipient of this information.*  *……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………*  🞏 Informed consent obtained from ……………………………………………………….……….. to share the information  🞏 Consent not obtained due to *(please specify): ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..…………………………………………….……………*  *…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………* | | | | |
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| **To Person/Organisation**  *Person/Organisation I am requesting information from or proactively providing information to* | | | | |
| Persons Name: | | | | Organisation: |
| *Please tick the Act and associated classification that applies (legal status):* | | | | |
| **Oranga Tamariki Act**  🞏 Representative of a child welfare and protection agency (e.g. DHB)  🞏 Independent Person (e.g. all registered health professionals) | | | | **Family Violence Act**  🞏 Representative of a family violence agency (e.g. DHB)  🞏 Social Services Practitioner (e.g. all registered health professionals) |
|  | | | | |
| **Person requesting or proactively sharing information** *(My details)* | | | | |
| Date: | Name: | | | |
| Organisation: | Role: | | | |
| Service: | Signature: | | | |
| Email: | | | | |
| Contact phone number(s) | | | | |
| **Request/ Proactive Sharing of Information Details** | | | | |
| Information is being:  🞏 Requested 🞏 Proactively shared | | | | |
| **I am requesting/proactively sharing information under the Act:**  *Please tick the Act and associated classification and provisions below:* | | | | |
| 🞏 **Oranga Tamariki Act** | |  | 🞏 **Family Violence Act** | |
| Section within Act: ……………….… | |  | Section within Act: …………………… | |
| *Please tick the classification that applies (legal status):* | |  | *Please tick the classification that applies (legal status):* | |
| 🞏 Representative of a child welfare and  protection agency (e.g. DHB)  🞏 Independent Person (e.g. all registered  health professionals) | |  | 🞏 Representative of a family violence  agency (e.g. DHB)  🞏 Social Services Practitioner (e.g. all  registered health professionals) | |
| *Please tick the provision(s) that reflect reasons for request or proactive sharing of information.* | |  | *Please tick the provision(s) that reflect reasons for request or proactive sharing of information.* | |
| 🞏 To prevent or reduce the risk of a child  or young person being subject to harm,  ill-treatment, abuse, neglect, or  deprivation  🞏 To make or contribute to an assessment  of risk or needs of tamariki  🞏 To make, contribute to, or monitor any  support plan for tamariki that is  managed by Oranga Tamariki  🞏 To prepare, implement, or review any  prevention plan or strategy is made by  Oranga Tamariki  🞏 To arrange, provide, or review services  facilitated by Oranga Tamariki for  tamariki or their whānau  🞏 To carry out any function in relation to  family group conference for tamariki in  care, or anything else related to the care  or protection of tamariki | |  | 🞏 To help ensure that a victim is protected  from family violence  🞏 To make or contribute to a family  Violence risk of needs assessment  🞏 To make or contribute to the making or  carrying out of a decision or plan relating  or responding to family violence | |
| 🞏 Other *(please specify): ……………………………………………………………………………………………………………………………* | | | | |

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| **The reason I am requesting/ proactively sharing the information now is:**  *What triggered your concerns? Detail your current involvement, concerns, the purpose or decision you are trying to inform. How will this information assist you in your decision making, or the activities you are undertaking?*  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. |
| **The information I am requesting/ proactively sharing is:**  *Outline the details of the information you need/ are proactively sharing as clearly as you can.*  *It may be helpful to request information as a series of questions*  *………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………* |
| **I require the information by** *(date):* …………………………………………  **Importance of timeframe:** ....……………………………………………………………………………………………………………………… |

*Once the request is made or information shared, please send a copy of this form to* [*privacyrequests@nmdhb.govt.nz*](mailto:privacyrequests@nmdhb.govt.nz) *and update the clinical record.*

**Response to request for Information**

*Please complete the section below and return to the requestor.*

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| **Release of Information**  *To be completed by the person/ organisation receiving request for information* | |
| Date: | Name: |
| Organisation: | Role: |
| Service: | Signature: |
| Email: | |
| Contact phone number(s) | |
| 🞏 **I agree to share the information listed below:**  *Outline the details of the information you are sharing*  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  **🞏 I have declined the request for information for the following reason(s):**  *Provide details outlining why you have declined the request to share information*  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..… | |

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