



CARERS CONSENT TO RELEASE INFORMATION POLICY

Policy Statement

All Carers have the right to decide who has access to their information and whether this information is to be shared with other agencies & health professionals.

Northern Carers Network (NCN) will obtain a written consent from the Carer before any discussion or release of information and/or access to any records regarding their situation.

Procedure

NCN will obtain written consent from each new Carer which will provide "proof" that a valid consent was obtained, when it was obtained and by whom, if this is ever challenged.

NCN employees delivering Carer support & respite funded by HACC (Home & Community Care and other government agencies) are bound to comply with the statutory duty of confidentiality. An exception to this duty occurs, if the Carers prior consent has been obtained and only in an appropriate form for example, in the area of case conferencing or to make a referral.

Contents

At the time of assessment the Carer will be informed of their rights and provided with an information sheet explaining who may access their information, who may discuss their situation, and for what purposes.

The Carer will be asked to sign a Carers Consent to Release Information Form once they have been informed the reason their signature is required.

A copy of the Carer Consent to Release Information Form will be given to the Carer and another copy kept in their hard file. Each time a review takes place a new consent to release information is to be signed by the Carer.

Responsible people

All staffs are responsible for releasing information in accordance with this policy. Managers are responsible for ensuring staffs are aware of their obligations.

Related Document: Privacy Act 1988; Privacy and confidentiality Policy (NCN)

CARERS CONSENT FORM TO RELEASE INFORMATION

I, am aware of, and understand the need for sharing my personal information to ensure that I receive the best level of support.

My rights in this issue have been explained to me by (Insert name and position)

.....

I hereby give consent to release/request relevant information to the following agencies.

	Yes	No
Respite Services	<input type="checkbox"/>	<input type="checkbox"/>
HACC Service Providers	<input type="checkbox"/>	<input type="checkbox"/>
General Practitioner / Medical Specialist	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input type="checkbox"/>
Disability Services	<input type="checkbox"/>	<input type="checkbox"/>

Other

With the exception of (if applicable)

.....
Carers Signature

.....
Date

.....
Caree Signature

.....
Date

.....
Witness' Signature

.....
Date

.....
Witness' Name

I do not / no longer give my consent to sharing my personal information

.....
Carer's Signature

.....
Date

.....
Witness' Signature

.....
Date