BARWON HEALTH
INFORMATION SHARING REQUEST
(HEALTH SERVICES IN BARWON REGION)

UR: DOB:
Surname:
Given Name(s):
Address:

GP:

Sensitive Information – may be Freedom of Information Exempt
(Information is provided in confidence and may include matters that affect personal privacy)

Please select one of the following:

☐ Requesting information – complete Section A only
☐ Responding to an information sharing request – complete both Sections A & B
☐ Voluntarily/proactively sharing information – complete both Section A and Section B

Date requesting/sharing:

SECTION A: Who is requesting/sharing and what type of information?

From Who?	Type?	What?	To Who?
☐ Barwon Health ☐ Colac Area Health ☐ Great Ocean Road Health ☐ Hesse Rural Health ☐ External Service If External Service, please name: _____ _____	☐ FVISS And/Or ☐ CISS	☐ Requesting And/Or ☐ Sharing	☐ Barwon Health ☐ Colac Area Health ☐ Great Ocean Road Health ☐ Hesse Rural Health ☐ External Service If External Service, please name: _____ _____

Please email this form to relevant Barwon region health service below:

Barwon Health	***E:***	***ISS@barwonhealth.org.au***
Colac Area Health	***E:***	***healthinfo@cah.vic.gov.au***
Great Ocean Road Health	***E:***	***enquiries@gorh.vic.gov.au***
Hesse Rural Health	***E:***	***foi@hesse.vic.gov.au***

Is your Organisation:
1. An ISE? ☐ Yes ☐ No
2. A RAE? ☐ Yes ☐ No

Contact details:
Name: (Full name)_____
Phone: (mobile) _____
Email address:

For requests pertaining to *multiple family members* please submit ***separate*** requests for each family member.

Who are you requesting / sharing information about:

For Child Protection requests for information or documents you should consider if the information sharing provisions under the *Children, Youth and Families Act* are more appropriate and timely.

Surname:	Given Name(s):	Date of birth:

Is the person you are requesting / sharing information about:

☐ a perpetrator ☐ an alleged perpetrator (RAE assessment only)
☐ a child victim survivor (under 18 years) ☐ an adult victim survivor ☐ an adult third party

If requesting / sharing information about an adult victim survivor or third party:

☐ Verbal consent obtained ☐ Written consent obtained and a copy attached
☐ Consent not required - serious threat ☐ Consent not required – child at risk ☐ Implied consent

BHS01600
Health Records BHS01600 Rev. 04/22 © Barwonhealth PMS Black, PMS032
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If requesting / sharing information about a child, were views of the child and/or their parent (who is not an alleged perpetrator or a perpetrator) sought?

☐ Yes ☐ No - If no, explain why:

Why are you seeking / sharing this information?

☐ Family violence **protection purpose**
☐ Family violence **assessment purpose** (RAE only)
☐ Request relates to a child or group of children (choose all that apply below):

- ☐ *making a decision, assessment or plan*
- ☐ *an investigation*
- ☐ *managing a risk*
- ☐ *providing a service*

What information are you requesting / sharing? (Please continue on page 3 if more space is required)

For requests/sharing of information please provide identifying details, i.e. full name, DOB, and address (if known) and explain what and why the information is needed

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What information are you requesting / sharing? (Continued from page 2)

For requests/sharing of information please provide identifying details, i.e. full name, DOB, and address (if known) and explain what and why the information is needed

By lodging this request, I declare

- I am authorised to request / share information on behalf of a prescribed ISE or RAE
- All necessary consents have been obtained in accordance with the *Family Violence Act 2008* (Family violence information sharing scheme) and *Child Wellbeing and Safety Act 2005* (Child information Sharing Scheme).
- To the best of my knowledge, the information requested / shared above is not excluded under the *Family Violence Act 2008* (Family violence information sharing scheme) and *Child Wellbeing and Safety Act 2005* (Child information Sharing Scheme) and is not restricted from sharing by another law

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SECTION B: (For completion by Health Service sharing/disclosing information only)

Sensitive Information – may be Freedom of Information Exempt
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Name of Health Service:	
Name of clinician responding to information request / share:	
Department:	
Contact details (Email / Phone):	

Does the person you are sharing/disclosing information about have a Risk Assessment and/or Safety Plan?

☐ Yes → Risk Assessment and/or Safety Plan must be shared/disclosed

☐ No

Provide a **summary** below of the information disclosed in response to assessment, protection or promoting child well-being of a child or a group of children purposes. (Please continue on page 5 if more space is required)

Do not release / send documents from the electronic health record.

Date information was shared/disclosed:

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Provide a **summary** (Continued from page 4)

Do not release / send documents from the electronic health record.

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Was any information withheld / not disclosed?

☐ Yes → select reason/s:

- ☐ Did not form a reasonable belief that the information requested is necessary for a family violence protection purpose
- ☐ Request contains excluded information
- ☐ Consent has not been provided
- ☐ There is not a reasonable belief of a serious threat to a person's life, health or safety

☐ No

If the information is about a child, did you seek the views of the child and/or family member?

☐ Yes → Date views sought:

Who did you speak to? Provide summary of conversation:

☐ No → Provide reason(s) why:

Have you obtained consent from the victim/survivor, third party or children?

☐ Yes → Date consent obtained:

Name/s:

Verbal / written / implied consent details:

☐ No → Consent not obtained

Provide reason(s) why:

Have you notified the victim/survivor, third party or child's parent/guardian this information has been shared?

☐ Yes → Date of notification:

Name/s:

Details:
- ☐ a child victim survivor (under 18 yrs)
- ☐ parent/guardian of a child victim survivor (under 18 yrs)
- ☐ Other:
- ☐ an adult victim survivor
- ☐ an adult third party

☐ No → Provide reason(s) why:

If there are any queries regarding information provided, please contact the relevant health service.