

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

UR:  
Patient name:  
GP:  
DOB:  
Address:

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

**SECTION A: (For completion by requesting / sharing organisation)**

Select health service:	Relevant ISS:	Type:
<input type="checkbox"/> Barwon Health <input type="checkbox"/> Colac Area Health <input type="checkbox"/> Great Ocean Road Health <input type="checkbox"/> Hesse Rural Health	<input type="checkbox"/> FVISS <input type="checkbox"/> CISS <input type="checkbox"/> Both	<input type="checkbox"/> External service request for info from health service <input type="checkbox"/> External service voluntarily sharing with health service <input type="checkbox"/> Health service request for info from ISE/RAE <input type="checkbox"/> Health service voluntarily sharing with another ISE/RAE
Date of this request / share		
Name of organisation		
Type of organisation	<input type="checkbox"/> ISE <input type="checkbox"/> RAE	
Full name of contact person		
Email address		Contact phone (mobile)

Who are you requesting / sharing information about:

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 yrs)     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     Implied consent  
 Consent not required - serious threat     Consent not required – child at risk

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



BHS01600

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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*  *managing a risk*  *an investigation*  *providing a service*

What information are you requesting / sharing?

**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

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

<b>Barwon Health</b>	<b>E: <a href="mailto:ISS@barwonhealth.org.au">ISS@barwonhealth.org.au</a></b>
<b>Colac Area Health</b>	<b>E: <a href="mailto:healthinfo@cah.vic.gov.au">healthinfo@cah.vic.gov.au</a></b>
<b>Great Ocean Road Health</b>	<b>E: <a href="mailto:Front.Reception@gorh.vic.gov.au">Front.Reception@gorh.vic.gov.au</a></b>
<b>Hesse Rural Health</b>	<b>E: <a href="mailto:foi@hesse.vic.gov.au">foi@hesse.vic.gov.au</a></b>

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**SECTION B: (For completion by Health Service 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):

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

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Was any information withheld / not disclosed?

No

Yes

If 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

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 → Obtained consent

Name/s:

Date:

Verbal / written / implied:

No → Consent not obtained

Provide reason(s) why:

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