



Goulburn
Valley
Health

Refusal of Consent to the Use and Release of Information

FC:

VMO:
LMO:

NOTE TO PATIENT:

If you decide not to share your information, or restrict access to it, this is your right, but it may affect Goulburn Valley Health's ability to provide you with the best possible services.

I, _____ hereby refuse to consent to the release
(Given Name) (Surname)

of the following information about myself / _____
(Name of patient / client whom the parent or guardian is refusing consent for)

(Specify information NOT to be released)

to the following person(s) / organisation(s)

(specify name / position / organisation)

This refusal of consent refers to my care received in the following area

(specify the area of care. Eg Inpatient, Outpatients, Emergency Department, Physiotherapy, etc)

on the following date _____
(Date)

This refusal of consent is valid unless I have signed a written authorisation for Release of Information which is dated after this document.

Signed _____ Date: ____ / ____ / ____

Relationship to patient / client: _____
(Designate the relationship to patient / client here eg: parent or guardian)

Witnessed by staff member: _____ Date: ____ / ____ / ____
(Print name)

Signature: _____ Designation: _____

Actions required:

- Vital: Privacy alert added
- Documentation: Refusal to Release Form scanned to clinical record
- FOI Clerk notified.

Apr-11

REFUSAL OF CONSENT TO THE USE AND RELEASE OF INFORMATION

Staff guidelines for use:

- Patient / client seeks to restrict access and release of their information, as detailed in the GVH "Protection and Use of Your Health Information" brochure.
- Patient / client completes and signs this form.
- On completion of this form, GVH staff will create a medical alert of "Privacy Issues" on the VITAL system.
- GVH staff should attempt to modify information released and forward a copy of the form and immediately notify FOI Clerk (Clinical services ext 22390) for follow up.
- The original copy of the form will be scanned by Health Information Services staff, into the patient clinical record.

If there are any queries regarding this process please contact:
HIS ext 22299 or FOI Clerk ext. 22390.