# Here is an example of a form that could be adapted for use when documenting information sharing:

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| ***(insert your organisation/agency name)***  **INFORMATION SHARING DOCUMENTATION** |

To be used in conjunction with *Information Sharing Guidelines for Promoting Safety and Wellbeing* (ISG) and your organisation’s ISG appendix. For the ISG and other resources see <https://www.dpc.sa.gov.au/responsibilities/information-sharing-guidelines>

**This form is to be completed and retained as a record of information sharing about a child, young person or family member.**

**As an absolute minimum you must record decisions to share without consent and refusal to share (either to you or by you).**

It is also important to record information sharing decisions at **all** significant steps in the process. This includes:

* whether consent was sought
* reasons for overriding the client’s wishes or for not seeking consent
* advice received from others (including staff at the Child Abuse Report Line)
* reasons for not agreeing to an information sharing request
* what information was shared.

**Part A** contains information about:

* the government agency or non government organisation requesting information
* verifying the identity of the person seeking or sharing information
* identity of the individual/family
* what information is requested
* the reason for requesting information
* details about seeking consent
* the decision to/not to share

**Part B** documents the information given or received and describes what service delivery has been delivered or is required as a result of the information sharing.

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| **Part A**  **INFORMATION SHARING DOCUMENTATION** | | | | | | | | | | |
| Date of request | | | | | Respond by (date) | | | | | |
| Degree of urgency | Immediate/today | | | | Within 5 days | | | | | Within 10 days |
| External agency name | | |  | | | | | | | |
| Contact person | | |  | | | | | | | |
| Contact details | | |  | | | | | | | |
| Person/family  information is about | | Given Name | | | | Family Name | | Date of Birth | | |
|  | | | |  | |  | | |
| Information being sought or shared and why: | | | | | | | | | | |
| Consent: | | not sought | | | | | obtained | | refused | |
| Reason for information sharing without consent or refusing to share: | | | | | | | | | | |
| Information sharing without consent or refusal | | | | Authorised by:  name (print) | | | | | | |
| Approved  NOT approved |  | | | Signature: | | | | | | |

|  |  |  |  |  |  |  |  |
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| **Part B**  **INFORMATION SHARED AND/OR OUTCOME** | | | | | | | |
| Information provided: | | | | | | | |
| I have followed the ISG “*Decision Making Steps and Practice Guide*”. Name: | | | | Signature: | | | |
| Format in which information was provided | | Phone | Email | Fax | | | Meeting |
| What has happened as a result of information sharing: | | | | | | | |
| What follow up action is required by our organisation? |  | | | | | | |
| Person responsible *(name and title)* |  | | | | When |  | |