

Dhelkaya Health

**FAMILY VIOLENCE AND CHILD INFORMATION SHARING**

UR No ..... DOB .....

Surname .....

Given Names .....

**AFFIX PATIENT LABEL HERE**

Proactive release of information by DH staff member OR  Request for information

Family Violence Information Sharing Scheme (FVISS) OR  Child Information Sharing Scheme (CISS)

**Information Sharing Entity (ISE) details:**

ISE Agency Name:		ISE Contact Name: <i>(if applicable)</i>	
Release date:		Region: <i>(if applicable)</i>	
Phone:		Email:	

Is agency also a Risk Assessment Entity (RAE):  Yes  No

Information relates to:	<input type="checkbox"/> A family violence risk assessment purpose <input type="checkbox"/> A family violence protection purpose <input type="checkbox"/> Promote the wellbeing / safety of a child or group of children
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The subject of information:	<input type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Victim Survivor – Adult <input type="checkbox"/> Victim – Child	<input type="checkbox"/> Perpetrator <input type="checkbox"/> Third Party <input type="checkbox"/> Child / Group of Children
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Full Name:	DOB:	Gender:
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**FVSS only:**

Is consent required to share information in the circumstances:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If consent was over-riden, reason for this:	<input type="checkbox"/> Child involvement <input type="checkbox"/> Serious threat to life or safety
How was consent obtained (if applicable):	<input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Implied

**CISS only:**

Why is the information about the child required:	<input type="checkbox"/> To make a decision or assessment <input type="checkbox"/> To initiate or conduct an investigation	<input type="checkbox"/> To provide a service <input type="checkbox"/> To manage a risk
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**Information Requested / Released: (please attach additional page if required)**

1
2
3

Information not released Reason:

**Internal Use Only:**

Method of correspondence:	<input type="checkbox"/> Secure email <input type="checkbox"/> Secure post <input type="checkbox"/> Fax <input type="checkbox"/> Verbal
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CH Employee Name: *(print)*

Signature:	Date:
Position:	Department:

Part 5A Family Violence Protection Act 2008

Part 6A Child Wellbeing and Safety Act 2005

*Freedom of Information Exempt Document  
Information provided in confidence and may include matters that affect personal privacy*

Last review Nov 2023 F:\cMedRec\Intranet Clinical Forms\General Clinical\FamilyViolence&ChildInformationSharingMR036.docx

FAMILY VIOLENCE AND CHILD INFORMATION SHARING MR/036 (file in correspondence)