MR1046

the women's
the royal women's hospital

Family Violence and Child Information Sharing Request

UR number: _____

Surname: _____

Given name/s: _____

Date of birth: _____ Gender: _____

(AFFIX PATIENT LABEL)

Please forward this form to:

Medical Enquiries Desk

Health Information Services

Email: Medical.Enquiries@thewomens.org.au Phone: 8345 2616 Fax: 8345 2624

DETAILS OF ISE (Information Sharing Entity) *REQUESTING* INFORMATION

ISE agency name: _____ Request date: ____/____/____

ISE contact person's name: _____ Title/position: _____

Email: _____ Phone: _____

Is agency an ISE? ☐ Yes ☐ No Is agency an RAE (Risk Assessment Entity) ☐ Yes ☐ No

DETAILS OF INFORMATION SHARING REQUEST

Information request relates to:
- ☐ A family violence risk *assessment purpose* – (FVISS - RAEs only)
- ☐ A family violence *protection purpose* (FVISS)
- ☐ Promoting the wellbeing or safety of a child or group of children (CISS)

Subject of the request:
- ☐ Perpetrator
- ☐ Alleged perpetrator
- ☐ Victim survivor – adult
- ☐ Third party
- ☐ Victim survivor – child *(under 18 years)*
- ☐ Child or group of children

Are there legal proceedings on foot? ☐ Yes ☐ No

DETAILS OF PERSON INFORMATION IS REQUESTED ABOUT

Surname: _____ Given Names: _____

Name when last attended hospital: (*If different to current name)* _____

Address *(Past address if applicable*): _____Post Code: _____

Telephone: _____ Date of birth: ____/____/____

FVISS (Family Violence Information Sharing Scheme) REQUEST ONLY

Is consent required to share the information in the circumstances? ☐ Yes ☐ No

How was consent obtained (if applicable)
- ☐ Written
- ☐ Verbal
- ☐ Implied

If consent was over-ridden, reason for this
- ☐ Child involvement
- ☐ Serious threat to life or safety

If consent is not required from a victim survivor, were their views and wishes obtained? ☐ Yes ☐ No
(detail over page)

CISS (Child Information Sharing Scheme) REQUEST ONLY

Why is information about the child required?
- ☐ To make a decision, assessment or plan
- ☐ To initiate or conduct an investigation
- ☐ To provide a service
- ☐ To manage a risk

Were the views obtained from the child or their parent (non-perpetrator)? ☐ Yes ☐ No
(detail over page)

RWH April 2021

FAMILY VIOLENCE AND CHILD INFORMATION SHARING REQUEST MR/1046

the women's
the royal women's hospital

Family Violence and Child Information Sharing Request

UR number: _____

Surname: _____

Given name/s: _____

Date of birth: _____ Gender: _____

(AFFIX PATIENT LABEL)

INFORMATION REQUESTED *(Please attach additional page if required)*

What information is being requested?

Name: _____ Signature: _____ Date: ____/____/_____

FOR INTERNAL USE ONLY

ACTION POINTS

On receiving request (completed by HIS)

Record request on FVISS/CISS Tracking Sheet ☐ Yes Date: ____/____/___

Forward information request to Legal Counsel ☐ Yes Date: ____/___/____

After request is finalised (completed by appropriate staff)	**Yes**	**No**	**N/A**
Store request form in relevant client file	☐	☐	☐
Store response in relevant client file	☐	☐	☐
Complete information on FVISS / CISS Tracking sheet	☐	☐	☐

DETAILS OF RESPONDER

Department who responded to information request: _____ Response date: _____/____/____

Responder's name: _____ Title /position: _____

Phone: _____ Email: _____

Method of correspondence: ☐ Secure email ☐ Fax ☐ Secure post ☐ Verbal

Was ***all*** the requested information shared? ☐ Yes ☐ No

If 'No' 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
- ☐ Other please specify: