



Mercy Health

UR No:

Family Name:

**(FOI EXEMPT)
FAMILY VIOLENCE AND
CHILD INFORMATION
SHARING REQUEST**

Given Name:

DOB:

Sex:

Address:
(if no UR)

COMPLETE ALL FIELDS OR ATTACH PATIENT LABEL

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

Requesting ISEs are to email completed form to:

Mercy Mental Health: MMHFOI@mercy.com.au

Werribee Mercy Hospital: foiwmh@mercy.com.au

Mercy Hospital for Women: FreedomofInformationMHW@mercy.com.au (includes O'Connell Family Centre)

Tick one or both

- Family Violence Information Sharing Scheme (FVISS) request
- Child Information Sharing Scheme request (CISS) request

Authority to Share and Purpose of Sharing:

Agency Name:

Contact Person:

Name:

Job Title:

Request date:

Region
(if applicable):

Phone:

Email:

Is your agency an Information Sharing Entity (ISE) under FVISS or CISS? Yes No

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

Purpose of request:

- A family violence risk assessment purpose **RAE only*
- A family violence protection purpose
- Promote the wellbeing / safety of a child or group of children

Subject of request:

- Alleged perpetrator* Perpetrator
- Victim survivor - adult Third party
- Victim survivor - child Child or group of children

Full name:

DOB: / /

Gender:

**Alleged perpetrator information can only be shared for a risk assessment purpose*

FVISS request only:

Is consent required to share information in the circumstance?

Yes No

How was consent obtained (if applicable)? (outline pg. 2)

- Written
- Verbal
- Implied

Reason consent not required? (outline pg. 2)

- Child involvement
- Serious threat to life or safety



FMH052600

BINDING MARGIN – NO WRITING

In-house, V1, 06/21

FAMILY VIOLENCE AND CHILD INFORMATION SHARING REQUEST LEG 0012



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CISS request only:

Why is the information about the child or group of children required?
(Tick appropriate box and provide any additional supporting information in space below).

- To make a decision or assessment
- 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 (outline below)
- No (outline below)

Background information to support request.

Information requested.

Internal use only

iPM Alert:

- Yes No

Information sharing request approved:

- Yes No Date:/...../.....

Summary of information released:

Staff delegate instructing release:

Contact:

Signature:

Date:

Method of release:

- Secure email Fax Verbal

Part 6A Child Wellbeing and Safety Act 2005
Part 5A Family Violence Protection Act 2008