



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](mailto:MMHFOI@mercy.com.au)

Werribee Mercy Hospital

[mercyfoi@mercy.com.au](mailto:mercyfoi@mercy.com.au)

Mercy Hospital for Women

[mercyfoi@mercy.com.au](mailto:mercyfoi@mercy.com.au) (includes O'Connell Family Centre)

Tick one or both

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

**Authority to Share and Purpose of Sharing:**

Agency Name:	Contact Person: Name: ..... ..... Job Title: ..... .....
Requested 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:	<input type="checkbox"/> A family violence risk assessment purpose <i>*RAE only</i> <input type="checkbox"/> A family violence protection purpose <input type="checkbox"/> Promote the wellbeing / safety of a child or group of children
---------------------	---

Subject of request:	<input type="checkbox"/> Alleged perpetrator* <input type="checkbox"/> Perpetrator <input type="checkbox"/> Victim survivor - adult <input type="checkbox"/> Third party <input type="checkbox"/> Victim survivor - child <input type="checkbox"/> Child or group of children
---------------------	---

Full name: ..... DOB: ...../...../..... Gender: .....

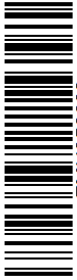
*\* Alleged perpetrator information can only be shared for a risk assessment purpose*

**FVISS request only:**

Is consent required to share information in the circumstance?  Yes  No

How was consent obtained (if applicable)? (outline pg. 2)	<input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Implied
---	---

Reason consent not required? (outline pg. 2)	<input type="checkbox"/> Child involvement <input type="checkbox"/> Serious threat to life or safety
--	---



FMH050002

BINDING MARGIN – NO WRITING

In-house, V1.1, 12/25

FAMILY VIOLENCE AND CHILD INFORMATION SHARING REQUEST LEG 0012

