

## REFERRAL FORM (C 001.1)

*Hospice Malta offers Palliative Care to the patient and support to the family and works together with existing Health & Social Services.*

Name of patient: \_\_\_\_\_

ID No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tel. Number: \_\_\_\_\_

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Is patient aware of diagnosis?

Yes:

No:

Don't know:

Reason for referral: \_\_\_\_\_

Present problems: \_\_\_\_\_

Present location of patient: \_\_\_\_\_

**\* I, the Patient, hereby give my consent to Hospice Malta to process and record personal data in order to be provided full care as needed. I am fully aware that should I wish, I can request (in writing) to access my data and amend. I can also request (in writing) or for my data to be removed at any time.**

Patient's signature: \_\_\_\_\_

**I, the Doctor, hereby confirm that it is not in the Patient's best interest to know he/she is receiving Hospice Care.**

Doctor's signature: \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_

Tel No: \_\_\_\_\_

Mob No: \_\_\_\_\_

Family Doctor email address: \_\_\_\_\_

**Consultant:** \_\_\_\_\_

**Referring Doctor:** \_\_\_\_\_

Tel No: \_\_\_\_\_

Mob No: \_\_\_\_\_

Date: \_\_\_\_\_

Referring Doctor's Signature: \_\_\_\_\_

**Next of kin:** \_\_\_\_\_

ID No: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Mob No: \_\_\_\_\_

**\* I, next of kin, hereby give my consent to Hospice Malta to process and record my personal Data. I am fully aware that I can access my data at any time. I am fully aware that should I wish, I can request (in writing) for my data to be removed at any time.**

Next of kin signature: \_\_\_\_\_

**\* In compliance with the Data Protection Act XXVI of 2001**

Completed form can be sent via [referrals@hospicemalta.org](mailto:referrals@hospicemalta.org) or by post to St. Michael Hospice, Triq Adelaide Cini, Santa Venera, SVR 1180

**Formola ta' Kunsens (Consent Form C 004.2)**

Jiena hawn taht iffirmit, \_\_\_\_\_, bil-karta tal-Identita numru \_\_\_\_\_, qiegħed nagħti l-kunsens lill-Hospice Malta biex f'każ li nkun rikoverat fl-isptar Mater Dei, l-amministrazzjoni tal-isptar tghaddi l-informazzjoni segwenti (sala fejn nkun rikoverat u jekk ġejtx rilaxxat) lill-Hospice Malta. Għaldaqstant, qiegħed nawtorizza wkoll lill-membri tal-Hospice biex jagħtu ismi u l-karta tal-identita tiegħi lill-amministrazzjoni tal-isptar. Jien infurmat li din l-informazzjoni dwari tiġi pproċessata skond l-Att dwar il-Protezzjoni u il-Privatezza tad-Data (Kap. 440).

F'każ li ma nkunx nixtieq nibqa nagħmel użu mis-servizzi ta' Hospice Malta nirriserva d-dritt li nirtira dan il-kunsens skond illiġi. Nirriserva wkoll id-dritt biex nitlob aċċess, nemenda, u fejn japplika nħassar informazzjoni personali, billi nagħmel rikjesta bil-miktub lil Hospice Malta.

*I, the undersigned \_\_\_\_\_, ID card number \_\_\_\_\_, am hereby giving my consent so that in the eventuality of my admission to Mater Dei Hospital, information regarding my admission and discharge as well as the ward I am admitted to, can be divulged to Hospice Malta. I am also giving my consent to Hospice Malta to forward my name and ID card number to Mater Dei Hospital Administration. I am informed that such data about me is processed in accordance with the Data Protection Act (Cap 440).*

*In the event that I do not wish to use the services of Hospice Malta any longer, I may revoke this consent according to law. I may also exercise my right to request access, rectification and where applicable the erasure of personal data, by submitting a written request to Hospice Malta.*

Firma / Signature: \_\_\_\_\_ Data / Date: \_\_\_\_\_

**Formola ta' Kunsens għall-għoti ta' informazzjoni lil terzi persuni (Third party consent form C 004 3)**

Jiena hawn taht iffirmit, \_\_\_\_\_, bil-karta tal-Identita' numru \_\_\_\_\_, (Isem/ID tal-persuna kkonċernata jew tal-ġenitur/persuna bil-kustodja) qiegħed nagħti l-kunsens lill-Hospice Malta biex tghaddi l-informazzjoni personali neċessarja tiegħi lill-Aġenzija/entita' oħra għal użu tas-servizzi li għandi bżonn.

Jien infurmat li din l-informazzjoni dwari tiġi pproċessata skont l-Att dwar il-Protezzjoni u il-Privatezza tad-Data (Kap. 440).

F'każ li ma nkunx nixtieq nibqa' nagħmel użu mis-servizzi nirriserva d-dritt li nirtira dan il-kunsens skont il-liġi. Nirriserva wkoll id-dritt biex nitlob aċċess, nemmenda u, fejn japplika, nħassar informazzjoni personali, billi nagħmel rikjesta bil-miktub lil Hospice Malta.

*I, the undersigned \_\_\_\_\_, ID card number \_\_\_\_\_, am hereby giving (Name and ID of the person receiving the service or parent/guardian) my consent to Hospice Malta to pass on the necessary information to a third party so that I would be able to receive these services.*

*I am informed that such data about me is processed in accordance with the Data Protection Act (Cap 440).*

*In the event that I do not wish to use the services any longer, I may revoke this consent according to law. I may also exercise my right to request access, rectification and where applicable the erasure of personal data, by submitting a written request to Hospice Malta.*

Firma / Signature: \_\_\_\_\_ Data / Date: \_\_\_\_\_

Id-data personali tal-pazjent tinzamm skont il-leġiżlazzjoni applikabbli dwar il-protezzjoni tad-data u skont il-policy ta' żamma tad-data ta' Hospice Malta. Ir-rekords u informazzjoni personali tal-pazjent jiġu meqruda b'mod sigur hames (5) snin wara li l-pazjent ma jibqax jagħmel użu mis-servizzi ta' Hospice jew wara l-mewt tiegħu/tagħha.

*Patient's personal data will be retained in accordance with applicable data protection legislation and Hospice Malta's data retention policy. Patient records and personal data will be securely destroyed five (5) years after the patient is discharged from Hospice services or deceased.*

Jekk għandek xi ilment dwar is-servizzi li tirċievi, tista' tressaqhom direttament mas- Social Care Standards Authority (SCSA), li tirregola s-servizzi tal-kura soċjali f'Malta. Id-dettalji ta' kuntatt tal-SCSA jinsabu fuq [www.scsa.gov.mt](http://www.scsa.gov.mt)

*If you have concerns or complaints about the services you receive, you may raise them directly with the Social Care Standards Authority (SCSA), which regulates social welfare service providers in Malta. Contact details for SCSA are available at [www.scsa.gov.mt](http://www.scsa.gov.mt)*