

# Consent to share information.



Client name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

I authorise Care Connect to be contacted by the people or agencies listed below. Information about me may be exchanged in writing, verbally, or electronically. Information exchanged will only be for my benefit and kept strictly confidential.

## Please tick and complete any sections relevant to you.

General Practitioner, as specified: \_\_\_\_\_

Carer and / or emergency contact, as specified: \_\_\_\_\_

Family member(s) and / or friend(s), as specified: \_\_\_\_\_

Advocate, as specified: \_\_\_\_\_

Other service providers, as specified (e.g. Meals on Wheels, day respite): \_\_\_\_\_

Allied Health providers, as specified (e.g. physiotherapist, occupational therapist): \_\_\_\_\_

Hospital(s) as specified: \_\_\_\_\_

State or Federal Government Agencies, as specified (e.g. Medicare): \_\_\_\_\_

Other, as specified: \_\_\_\_\_

Please name anyone you DO NOT want to disclose your information to, as specified: \_\_\_\_\_

Care Connect is held to strict rules under the privacy legislation regarding disclosing information to overseas patients. If there is anyone you want information exchanged with that resides outside of Australia, please list them below including the country they reside in.

NAME	RELATIONSHIP	COUNTRY
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I would like to receive information about products and services, including the monthly newsletter and other marketing communications from Care Connect. If in the future you no longer want to receive the abovementioned information, please contact Care Connect's Privacy Officer on 1300 866 228 to opt out.

## Signed by the Client or their authorised representative\*:

Signature(s): \_\_\_\_\_ Capacity\*: \_\_\_\_\_

Print full name: \_\_\_\_\_ Date: / /

**\*If signed by an authorised representative, you must:**

- specify your authority to enter this Agreement on behalf of the Client (e.g. Enduring Power of Attorney, Guardian, Medical Treatment Decision Maker or similar); **and**

- if not already held, provide evidence of your appointment as a lawfully appointed representative or complete a statutory declaration.