Instructions Print Clear

Australian Government
Services Australia

centrelink

Consent to disclose medical information (SA472)

Purpose of this form

This form is used to confirm that you consent to your treating health professionals and/or health providers disclosing relevant information about your disability or medical conditions to Services Australia, or assessors engaged by Centrelink.

This consent form does not replace the need for you to provide medical evidence when lodging a claim for Disability Support Pension (DSP). We need medical evidence from your treating health professionals to help us understand how your conditions affect you and to correctly assess your claim. This is explained in the **Medical Evidence Checklist (SA473)** form and the **Claim for Disability Support Pension (SA466)** form available on our website.

If more information is needed to assess your eligibility for DSP or employment services, Centrelink or assessors engaged by Centrelink may contact your treating health professionals and/or health providers to confirm or clarify information you provide about your disability or medical conditions.

This may include contact with any health professionals (including your treating doctor) and/or health providers who have examined, diagnosed or treated your disability or medical conditions which are relevant to your eligibility for DSP or employment services.

Your treating health professionals and/or health providers may be asked to disclose any medical information relevant to assessing your eligibility for DSP or employment services. This includes medical and specialist reports, clinical notes, medical records or other information, and any barriers that may affect your ability to work or participate in employment services or other assistance programmes.

Your treating health professionals and/or health providers may ask for confirmation that you have consented for them to disclose your medical information to Centrelink or assessors engaged by Centrelink.

You can complete the Consent to disclose medical information statement on this form to provide your consent, and Centrelink will show this to your treating health professionals and/or health providers if requested.

You can withdraw your consent at any time by advising Centrelink. However, if your treating health professionals or health providers do not disclose relevant medical information when requested, Centrelink may not have enough information to assess your eligibility for DSP or employment services. This may result in your claim being rejected or your payment being stopped.

You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to **servicesaustralia.gov.au/privacy**

Consent to disclose medical information

I (full name)

Date of birth (DD MM YYYY)

of (address)

Postcode

give consent for my treating health professionals and/or health providers to disclose any relevant information about my disability or medical conditions to Centrelink, or assessors engaged by Centrelink, if required to assess my eligibility for Disability Support Pension or employment services.

Your signature

On completion of this form, print and sign by hand

Date (DD MM YYYY)

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