



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 the Australian Government Department of Human Services (the department), or assessors engaged by the department.

If more information is needed to assess your eligibility for Disability Support Pension (DSP) or employment services, the department or assessors engaged by the department 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 the department or assessors engaged by the department.

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

You can withdraw your consent at any time by advising the department. However, if your treating health professionals or health providers do not disclose relevant medical information when requested, the department 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.

የዚህ ቅጽ አላማ

ይህ ቅጽ የሚጠቅመው ስለርስዎ አካላ ጉዳተኛ መሆን ወይም የህክምና ጤና ሁኔታዎች ለAustralian Government Department of Human Services፣ የመምሪያ ቤቅ፣ ወይም በመምሪያ ቤቅ ለተቀጠሩ ገምጋሚዎች ጠቃሚ የሆኑ መረጃዎችን የርስዎ ህክምና ሰጭ ባለሙያዎች እና/ወይም የጤና ጥበቃ አቅራቢዎች አውጥተው እንዲሰጡ ስለደረጉት ስምምነት ለማሳወቅ ነው።

ለDisability Support Pension (DSP) ወይም Employment Services፣ ለመምሪያ፣ ወይም በመምሪያው ለተቀጠሩ ገምጋሚዎች የሚፈቀድልዎ ከሆነ የበለጠ መረጃ ካስፈለገ፣ ስላቀረቡት የአካላ ጉዳተኛ መሆን ወይም ስለጤና ሁኔታዎች ወይም ስለመረጃው ለማጣራት የርስዎን ህክምና ሰጭ ባለሙያዎች እና/ወይም የጤና ጥበቃ አቅራቢዎች ማነጋገር ይፈልጉ ይሆናል።

በዚህ ውስጥ ሊካተት የሚችለው፣ ለDSP ወይም Employment Services ፈቃድ ስለማግኘትዎ ጠቃሚ ለሆነ የአካላ ጉዳት ወይም የጤና ሁኔታ ምርመራ ካካሄዱና ከህክምና ባለሙያ (የርስዎን ህኪም ያካተተ) እና/ወይም ከጤና ጥበቃ አቅራቢዎች ጋር መነጋገር ይሆናል።

የርስዎ ህክምና ሰጭ ባለሙያዎች እና/ወይም የጤና ጥበቃ አቅራቢዎች ለDSP ወይም Employment Services ፈቃድ ስለማግኘትዎ ግምገማ ለማካሄድ ጠቃሚ የሆኑ የህክምና መረጃዎችን አውጥተው እንዲሰጡ ሊጠየቁ ይችሉ ይሆናል። የህክምናና የልዩ ባለሙያ ሪፖርት፣ በክሊኒክ የተወሰደ ማስታወሻ፣ የህክምና ምርመራ መዝገብ/ሪከርድ ወይም ሌላ መረጃ እንዲሁም በሥራ ችሎታዎ ወይም በሥራና ስራተኛ አገልግሎት ወይም በሌላ የእርዳታ መርሃ ግብሮች ላይ የሆነ ችግር ሊፈጠሩ የሚችሉት በዚህ ይካተታል።

ስለርስዎ ህክምና መረጃ ለመምሪያ ቤቅ ወይም በመምሪያ ቤቅ ለተቀጠሩ ገምጋሚዎች አውጥቶ እንዲሰጡ ስለመስማማትዎ ለማረጋገጥ የርስዎ ህክምና ሰጭ ባለሙያዎች እና/ወይም የጤና ጥበቃ አቅራቢዎች ልጠይቁ ይችሉ ይሆናል።

በዚህ ቅጽ ላይ ለህክምና መረጃ ሰማውጣት ስምምነት ጽሁፋዊ መግለጫ መሙላት ይችላሉ፤ እንዲሁም ያቀረቡትን ስምምነት ለርስዎ ህክምና ሰጭ ባለሙያዎች እና/ወይም የጤና ጥበቃ አቅራቢዎች ከተጠየቁ መምሪያው ያሳያቸዋል።

በማንኛውም ጊዜ ለመምሪያው በመናገር ስምምነቱን ማቆም ይችላሉ። ይሁን እንጂ የርስዎ ህክምና ሰጭ ባለሙያዎች እና/ወይም የጤና ጥበቃ አቅራቢዎች ጠቃሚ የሆነ የህክምና መረጃ ሲጠየቅ አውጥተው ካልሰጡ፣ ታዲያ ስለርስዎ የDSP ወይም Employment Services ፈቃድ ማግኘትዎ ግምገማ ለማካሄድ የመምሪያው ቤቅ በቂ የህክምና መረጃ ላይኖረው ይችላል። ይህም ለርስዎ ያቀረቡት ጥያቄ ተቀባይነት አያገኝም ወይም ያለዎት ክፍያ ሊቆም ይችላል።



IMPORTANT INFORMATION

ጠቃሚ የሆነ መረጃ

Privacy and your personal information

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy or by requesting a copy from the department.

ለብቻነትና የርስዎ ግላዊ መረጃ

የርስዎ ግላዊ መረጃ በህግ የተጠበቀ ሲሆን፤ ይህም ለብቻነት አንቀጽ ህግ/ *Privacy Act 1988* ያካትታል፤ እንዲሁም ለክፍያዎችና አገልግሎቶች ግምገማና አስተዳደር በAustralian Government Department of Human Services በኩል ግላዊ መረጃ ይወሰዳል። የርስዎን ማመልከቻ ወይም ጥያቄ ለማቀናጀት ይህ መረጃ ያስፈልጋል።

የርስዎን መረጃ መምሪያው ሊጠቀምበት ሲችል ወይም እርስዎ ከተስማሙ ወይም በህግ ስልጣን አስፈላጊ ከሆነ ለጥናት፣ ለምርመራ ሲባል ለሌላ አካላት ሊሰጥ ይችላል።

የርስዎን ግላዊ መረጃ፤ የእኛ የብቻነት ፖሊሲ ስለ Department of Human Services መቆጣጠሪያ ዘዴ የበለጠ መረጃ ቢድረገጽ፤ humanservices.gov.au/privacy ማግኘት ይችላሉ ወይም ከመምሪያ ቤቅ ቅጂ ወረቀት መጠየቅ ይችላሉ።

Consent to disclose medical information

የህክምና መረጃ ለማውጣት ስምምነት

I (full name)

እኔ (ሙሉ ስም)

Date of birth

የልደት ቀን

Day/ቀን	Month/ወር	Year/ዓመት
/	/	/

of (address)

(አድራሻ)

Postcode ፖስት ኮድ	

give consent for my treating health professionals and/or health providers to disclose any relevant information about my disability or medical conditions to the Australian Government Department of Human Services (the department), or assessors engaged by the department, if required to assess my eligibility for Disability Support Pension or employment services.

ስለ እኔ አካለ ጉዳተኛ መሆን ወይም የህክምና ጤና ሁኔታዎች ለAustralian Government Department of Human Services (የመምሪያ ቤቅ)፤ ወይም በመምሪያ ቤቅ ለተቀጠሩ ገምጋሚዎች ጠቃሚ የሆኑ መረጃዎች፤ ለእኔ የDisability Support Pension ወይም Employment Services ፈቃድ ማስገኛ ግምገማ ለማካሄድ አስፈላጊ ከሆነ መረጃ አውጥተው እንዲሰጡ ለእኔ ህክምና ሰጭ ባለሙያዎች እና/ወይም የጤና ጥበቃ አቅራቢዎች ፈቅጃለሁ።

Your signature

የርስዎ ፊርማ

Date

ቀን

Day/ቀን	Month/ወር	Year/ዓመት
/	/	/



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