

### 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.

### Yenjö wĭc awarag kĕnĕ

Awarag kĕnĕ   looi ke ba njc lɔn yĭn gam akĭmdu ku/ka kɔc looi kony pial guɔp keek ba l k w l dhil wĭc t n  niop guɔpdu ku tuanydu lɔ Australian Government Department of Human Services (Maktab), ka kɔc bĭ kaŋ them alooi kek Maktab k n .

Na w l k k adhil wĭc bĭ kaŋ them t  cĭ yĭn al u gam t n  Disability Support Pension (DSP) ka Employment Services Maktab ka kɔc bĭ kaŋ them alooi kek Maktab k n tak bĭ c l akĭmdu ku/ka kɔc looi kony pial guɔp ke ba njc ka bĭ w l njc apath ca gam t n  niop guɔpdu ka tuanydu.

K n  tak bĭ mat jamic kek kɔc kony pial guɔp (matic akĭmdu) ku/ka kɔc kony pial guɔp cĭ tĭŋ, yĭk ka kony niop guɔpdu ka tuanydu keek aril t n  al u yĭn gam DSP ka Employment Services.

Kɔc akĭmdu ku/ka kɔc kony pial guɔpdu tak bĭ thi c ba nyuoth w l tuany yĭguɔp wĭc t n  bĭ kaŋ them keril al u yĭ gam t n  DSP ka Employment Services. K n  matic ath r tuanydu ku ath r akĭm njc k k, w l tuany cĭ g t piny, ath r tuanydu ka w l k k, ku gel r  r thĭn lɔn keek tak k rac ye ke lo t n  al u yĭn bĭ looi ka b n alooi kek luoiloi bĭ luoi yĭk ka ajuic r k k k n  kony yĭn.

Kɔc akĭmdu ku/ka kɔc kony pial guɔpdu tak bĭ thi c ke nyuoth lɔn yĭn ca gam t n  keek bĭ nyuoth w l tuanydu lɔ Maktab ka kɔc bĭ kaŋ them alooi kek Maktab yĭc.

Yĭn al u bĭ thi  ŋ ath r Gam bĭ l k w l tuany yeguɔp at  awarag k n  t n  bĭ gamdu yĭk, ku Maktab abĭ nyuoth k n  lɔ kɔc akĭmdu ku/ka kɔc kony pial guɔp na keek awĭc.

Yĭn al u ba nyai t  wĭc yĭn yen ak lak l t  cĭ yĭn l k Maktab. Na tak, na kɔc akĭmdu ka kɔc kony pial guɔp acĭe bĭ nyuoth w l tuanydu nen t  cĭ keek thi c, ke Maktab tak acĭn w l  b n wĭc ke bĭ kaŋ them al u yĭn gam t n  DSP or Employment Services. K n  tak ke yĭn abĭ jai kewĭc ka tak w u abĭ k  c.



## IMPORTANT INFORMATION

### WĒL ARIL APƷI

#### 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](https://humanservices.gov.au/privacy) or by requesting a copy from the department.

#### Yith ku wēlku Ʒrōt

Wēlku Ʒrōt aƷit atō lōŋ yic, matic Lōŋ Yith 1988, ku Australian Government Department of Human Services cī ke bei tēnē bī kaŋ them ku guir wēu tāāu piny ku luoloi. Wēl kēnē adhil wīc ke bī guir awaragdu ku wīc yīn.

Wēlku tak abī looi atō Maktab yic ka bī yiek kockōk tēnē kuen, kuany ka adhil wīc ka gam tō lōŋ yic.

Yīn alēu bī wēl kōk yiōk tē Department of Human Services bī guir wēlku Ʒrōt, matic kāke yith lōŋkua, atō [humanservices.gov.au/privacy](https://humanservices.gov.au/privacy) ka bī thiēc thura atō Maktab yic.

## Consent to disclose medical information

### Gam Bī Nyuoth Wēl Tuany Yeguṓp

I (full name)

YƷen (rin kē Ʒbēn)

Date of birth

Akōl niin dhieth yīn

Day/Akōl niin	Month/PƷƷi	Year/Ruōn
/	/	/

of (address)

te (rēƷr yīn thīn tēnō)

Postcode cōl Postcode

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.

gam tēnē kōc akīmdiē ku/ka kōc kony pial guṓpdiē ke bī nyuoth wēl wīc tēnē niop guṓpdiē ka tuanydiē lo Australian Government Department of Human Services (Maktab), ka kōc bī kaŋ them alooi kek Maktab, na dhil wīc ba kaŋ them bī yƷen alēu gam tēnē Disability Support Pension ka Employment Services yiōk.

Your signature

Thanydu

Date

Akōl niin

Day/Akōl niin	Month/PƷƷi	Year/Ruōn
/	/	/

