



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.

ပတၢ်ပညိၣ်လၢဘၣ်ဃးဒီးလံာ်တက့ၢ်ဒိအဝဲအံၤ

လံာ်တက့ၢ်ဒိအဝဲအံၤတၢ်သုအိၣ်လၢတၢ်မၤလီၤတံၢ်န့ၣ် အၢၣ် လီၤဟ့ၣ် အခွဲးဆူၣ်ကသံၣ်သရၣ်လၢအကူၤဖျါတၢ်ကျိၤန့ၣ်/ဆူၣ် ချ့ပုၤဟ့ၣ် မၤစၢၤတၢ်တဖၣ်လၢကအိးဖျါထီၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢကြား ဝဲဘၣ်ဝဲ ဘၣ်ဃးဒီးန့ၣ်တၢ်ဆူၣ်တဖၣ်, မ့တမ့ၢ်တၢ် ဆူးတၢ်ဆါအဂ့ၢ်ဆူၣ် Australian Government Department of Human Services (ဝဲၤကျိၤ)မ့တ မ့ၢ် ပုၤသမံၣ်သမိးတၢ်တဖၣ်လၢဘၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤအိၣ် လၢဝဲၤကျိၤန့ၣ်လီၤ.

တၢ်မ့ၢ်လိၣ်အါထီၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢတၢ်ကသမံၣ်သမိးကွၢ် တၢ်ကြားဒီး န့ၣ်ဘၣ် Disability Support Pension (DSP) or Employment Services သုတသ့အဂီၢ်, ဝဲၤကျိၤ, မ့တမ့ၢ်ပုၤသမံၣ်သမိးကွၢ်တၢ်တဖၣ်လၢဘၣ် တၢ် ဆိၣ်ထွဲမၤစၢၤအိၣ်လၢဝဲၤကျိၤ, ဘၣ်တဘၣ်ကဆဲးကျိးန့ၣ်က သံၣ်သရၣ် လၢအကူၤဖျါတၢ်ကျိၤန့ၣ်/ဆူၣ်ချ့ပုၤဟ့ၣ်မၤစၢၤတၢ် တဖၣ်အအိၣ်လၢ တၢ်မၤလီၤတံၢ်, မ့တမ့ၢ်တၢ်မၤဖျါထီၣ် တၢ်ဂ့ၢ်တၢ်ကျိၤလၢန့ၣ်ထီၣ် ဘၣ်ဃးဒီးန့ၣ်တၢ်ဆူၣ်တဖၣ်, မ့တမ့ၢ်တၢ်ဆူးတၢ်ဆါအဂ့ၢ်တဖၣ်လီၤ.

တၢ်အံၤကပုၤဃုၣ်ဝဲဒၣ်တၢ်ဆဲးကျိးဒီးန့ၣ်ကသံၣ်သရၣ်လၢအ ကူၤဖျါတၢ်ကျိၤတၢ်ဂ့ၢ်လၢလီၤ(ပုၤဃုၣ်ဒီးကသံၣ်သရၣ်လၢအကူၤဖျါတၢ်ကျိၤန့ၣ်) ဒီး/မ့တမ့ၢ်ဆူၣ်ချ့ပုၤဟ့ၣ်မၤစၢၤတၢ်တဖၣ်, လၢအသမံၣ်သမိးကွၢ်တၢ်, ဃုၣ်ညါတၢ်ဆါ, မ့တမ့ၢ်အကူၤ တုၣ်လဲ န့ၣ်တၢ်ဆူၣ်တဖၣ်မ့တ မ့ၢ်တၢ်ဆူးတၢ်ဆါတဖၣ်အတၢ် အိၣ်သးလၢအဘၣ်ဃးဒီးန့ၣ်ကြားဒီးန့ၣ်ဘၣ် DSP မ့တမ့ၢ် Employment Services သုတသ့အဂီၢ်န့ၣ်လီၤ.

န့ၣ်ကသံၣ်သရၣ်လၢအကူၤဖျါတၢ်ကျိၤ န့ၣ်ဒီး/မ့တမ့ၢ်ဆူၣ်ချ့ပုၤ ဟ့ၣ်မၤစၢၤတၢ်တဖၣ်ကဘၣ်တၢ်မၤအိၣ်လၢအိးဖျါထီၣ်န့ၣ်တၢ် ဂ့ၢ်တၢ်ကျိၤ တမံၣ်လၢလီၤလၢအကြားဝဲဘၣ်ဝဲဘၣ်ဃးဒီး တၢ်သမံၣ်သမိးကွၢ်န့ၣ်ကြား ဒီး န့ၣ်ဘၣ် DSP မ့တမ့ၢ် Employment Services န့ၣ်လီၤ. တၢ်အံၤပုၤဃုၣ်ဝဲ ဒၣ် ကသံၣ်ကသိးစပဲၣ်ရဲၣ်လံးကသံၣ်သရၣ်အတၢ်ပၣ်ဖျါတဖၣ်, တၢ်ဆူးတၢ် ဆါအတၢ်ကွဲးနီၣ်ကွဲးဃါတဖၣ်, ကသံၣ်ကသိးတၢ် မၤနီၣ်မၤဃါတဖၣ်မ့တမ့ၢ် တၢ်ဂ့ၢ်အဂ့ၢ်အဂၤတဖၣ်, ဒီးတၢ်တြီမၤတံၢ် တံၢ်တမံၣ်လၢလီၤလၢအက မၤဘၣ်ဒိန့ၣ်တၢ်သ့ ဖဲးမၤတၢ်လၢနကမၤတၢ်, မ့တမ့ၢ်ကန့ၣ်လီၤပုၤဃုၣ် မၤဃး ကိးတၢ်လၢတၢ်ဟ့ၣ်မၤဃုၣ်တဖၣ်လၢဘၣ်ဃးဒီးတၢ်ဖဲးတၢ်မၤ, မ့တမ့ၢ်တၢ်တိၤစၢၤမၤစၢၤတၢ်ရဲၣ်တၢ်ကျိၤအဂ့ၢ်အဂၤ တဖၣ်လီၤ.

န့ၣ်ကသံၣ်သရၣ်လၢအကူၤဖျါတၢ်ကျိၤန့ၣ်ဒီး/မ့တမ့ၢ်ဆူၣ်ချ့ပုၤ ဟ့ၣ်မၤစၢၤ တၢ်တဖၣ်ဘၣ်တဘၣ်ကဃုထီၣ်လၢနကပၣ်ဂၢ်ပၣ်ကျၢၤလၢနကပျဲန့ၣ် အဝဲသ့ၣ်အခွဲးလၢတၢ်အိးဖျါထီၣ်န့ၣ်ကသံၣ်ကသိးအဂ့ၢ်အကျိၤတဖၣ် ဆူၣ်ဝဲကျိၤ, မ့တမ့ၢ်ပုၤသမံၣ်သမိးကွၢ် တၢ်တဖၣ်လၢဘၣ်တၢ်ဆိၣ် ထွဲမၤစၢၤအိၣ်လၢဝဲၤကျိၤတဖၣ် အအိၣ်လီၤ.

နမၤပုၤတၢ်ပျဲန့ၣ်တၢ်အိးဖျါထီၣ်န့ၣ်ကသံၣ်ကသိးအဂ့ၢ်အကျိၤ သုဝဲဒၣ်လၢလံာ် တက့ၢ်ဒိအံၤအပူၤလၢနကဟ့ၣ်ထီၣ်န့ၣ်ပျဲ န့ၣ်အခွဲး, ဒီးဝဲၤကျိၤကဒုးန့ၢ် တၢ်အဝဲအံၤဆူၣ်ကသံၣ်သရၣ် လၢအကူၤဖျါတၢ်ကျိၤန့ၣ်ဒီး/မ့တမ့ၢ်ဆူၣ်ချ့ပုၤ ဟ့ၣ်မၤစၢၤ တၢ်တဖၣ်လၢမ့ၢ်ဃုထီၣ်ဝဲအဃိန့ၣ်လီၤ.

ဖဲန့ၣ်ဒီးတဘျီဘျီန့ၣ်န့ၣ်ကွဲးကွဲးန့ၣ်တၢ်ပျဲန့ၣ်အခွဲးစီဖျါတၢ်ဒုး သုၣ်ညါဝဲၤကျိၤ သုဝဲဒၣ်န့ၣ်လီၤ. ဘၣ်ဆၣ်ဒီး, န့ၣ်ကသံၣ်သရၣ်လၢအကူၤဖျါတၢ်ကျိၤန့ၣ်ဒီး/မ့တ မ့ၢ်ဆူၣ်ချ့ပုၤဟ့ၣ်မၤစၢၤတၢ် တဖၣ်မ့ၢ်တၢ်အိးဖျါထီၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢအကြားဝဲဘၣ်ဝဲဘၣ် တၢ်ဃုထီၣ်အိၣ်န့ၣ်ဒီးဝဲၤကျိၤတအိၣ်ဒီးတၢ်ဂ့ၢ် တၢ်ကျိၤအလၢပုၤဘၣ်သ့ၣ်သ့ၣ်လၢကသမံၣ်သမိးကွၢ်န့ၣ်ကြားဒီးန့ၣ်ဘၣ် DSP မ့တမ့ၢ် Employment Services သုတသ့အဂီၢ် န့ၣ်လီၤ. တၢ်အံၤကဲ ထီၣ်အသးသ့လၢတၢ်သမၢနတၢ်န့ၣ် ထီၣ်တၢ်, မ့တမ့ၢ်စ့လၢတၢ်ဟ့ၣ်န့ၣ်န့ၣ် ဘၣ်တၢ်ပတုၣ်ကွဲး အိၣ်န့ၣ်လီၤ.



IMPORTANT INFORMATION

တၢ်ဂ့ၢ်တၢ်ကျိၤလၢအရ့ၢ်ဒိၣ်တဖၣ်

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.

တၢ်အိၣ်ထဲဒၣ်တၢ်ဒီးနနီၣ်ကစၢ်ဒၣ်န့ၣ်အဂ့ၢ်အကျိၤ

နနီၣ်ကစၢ်ဒၣ်န့ၣ်အဂ့ၢ်အကျိၤအံၤတၢ်ဒီးသဒၢန့ၢ်အိၣ်လၢတၢ် သိၣ်တၢ်သီ, လၢပၣ်ဃုၣ်ဒီးတၢ်အိၣ်ထဲဒၣ်တၢ်အတၢ်သိၣ်တၢ် သီ **1988**, ဒီးတၢ်ထၢဖျိၣ်န့ၣ်အိၣ်လၢအိးစၢၤလၢပၣ်ဒိၣ် ဝဲၤကျိၤတၢ်ဘးဒီးပုၤဂ့ၢ်တၢ်ဟ့ၣ်မၤယူၤတဖၣ်လၢတၢ်သမံၤသမိးကွၢ်ဒီးတၢ်ပၤဆူၣ်ခွဲးလၢတၢ်ဟ့ၣ်လီၤအိၣ်လၢကျိၣ်စ့တၢ်မၤစၢၤဒီးတၢ်ဟ့ၣ်မၤယူၤတဖၣ်အဂီၢ်လီၤ. တၢ်ဂ့ၢ်တၢ်ကျိၤ အံၤတၢ်လိၣ်တၢ် အိၣ်လၢတၢ်ကသုးကျဲၤန့ၣ်န့ၣ်လံၤပတံၤထီၣ်, မ့တမ့ၢ်ဃုထီၣ်တၢ်အဂီၢ်န့ၣ်လီၤ.

နတၢ်ဂ့ၢ်တၢ်ကျိၤတၢ်ကသုးအိၣ်လၢဝဲၤကျိၤသ့ၣ်သ့ၣ်, မ့တမ့ၢ် တၢ်ကဟ့ၣ်လီၤအိၣ်လၢဆူၣ်တၢ်အဖုကရၢအဂၤတဖၣ်လၢတၢ်ဃုန့ၢ်ပၤတၢ်အတၢ်ထီၣ်အဂီၢ်, တၢ်ဃီထံၣ်သ့ၣ်ညါတၢ်မ့တမ့ၢ်အလီၢ် ဖဲန့ၣ်အိၣ်လီၤတူၢ်လိၣ်အိၣ်မ့တမ့ၢ်တၢ်လိၣ်တၢ်အိၣ်လၢမ့တမ့ၢ် တၢ်ဟ့ၣ်စိဟ့ၣ်ကမိၤအိၣ်လၢတၢ်သိၣ်တၢ်သီန့ၣ်လီၤ.

နမၤန့ၢ်အိၣ်ထီၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤတၢ်ဘးကျဲၤလၢဝဲၤကျိၤတၢ်ဘးဒီးပုၤဂ့ၢ်တၢ်ဟ့ၣ်မၤယူၤတဖၣ်ကပၤဆူၣ်ခွဲးလၢတၢ်ဟ့ၣ်န့ၣ်ကစၢ်ဒၣ်န့ၣ်အဂ့ၢ်အကျိၤဒိၣ်လဲၣ်, လၢပၣ်ဃုၣ်ဒီးပဝဲဒၣ်တၢ်အိၣ်ထဲဒၣ်တၢ်အသန့ဖဲ humanservices.gov.au/privacy, မ့တမ့ၢ်ဖျါတၢ်ဃုန့ၢ်တၢ်ကွဲးဒိတခါလၢဝဲၤကျိၤအိၣ်န့ၣ် လီၤ.

Consent to disclose medical information

တၢ်ပျဲန့ၣ်ခွဲးလၢတၢ်ကအိးဖျါထီၣ်ဆူၣ်ချ့အဂ့ၢ်အကျိၤ

I (full name)
ယၤ (မံၤအလၢအပဲၤ)

Date of birth
အိၣ်ဖျါမ့ၢ်န့ၣ်မ့ၢ်သီ

Day/သီ	Month/လါ	Year/န့ၣ်
/	/	

of (address)
လိၢ်အိၣ်ထံး

Postcode
လိၢ်တၢ်နီၣ်ဂီၢ်

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.

ဟ့ၣ်လီၤတၢ်ပျဲန့ၣ်ခွဲးလၢယကသံၣ်သရၣ်လၢအကူၤစါယါ ဘျါယၤဒီး/မ့တမ့ၢ်ဆူၣ်ချ့ပုၤဟ့ၣ်မၤစၢၤတၢ်တဖၣ်အဂီၢ်လၢကအိးဖျါထီၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢအကြၢၢ်ဝဲတၢ်ဝဲတဖၣ်လၢ လၢတၢ်ဘးယတၢ်တဆိၣ်တဖၣ်, မ့တမ့ၢ်တၢ်ဆူၣ်တၢ်ဆါအ ဂ့ၢ်ဆူၣ် Australian Government Department of Human Services (ဝဲၤကျိၤ), မ့တမ့ၢ်တၢ်မ့ၢ်လိၣ်တၢ် အိၣ်လၢတၢ်ကသမံၤသမိးကွၢ်ယတၢ်ကြၢၢ်ဒီးန့ၢ်တၢ် Disability Support Pension မ့တမ့ၢ် Employment Services အဂီၢ်န့ၣ်လီၤ.

Your signature
တၢ်ဆဲးစုပနီၣ်

Date
န့ၣ်သီ

Day/သီ	Month/လါ	Year/န့ၣ်
/	/	



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