

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.

Armanca vê formê

Ev forme têt bikaranîn ji bo piştrast kirinê ku hûn rezamendîya xwe ji pisporên tendurustî û/an dabînkêrên xizmetên tendurustî, radigehînin daku zanyariyên girêdayî bi seqetî an rewşa bijîşkî ya we ji Australian Government Department of Human Services re radest bikin, an lêkolînerên bikarhatî ji aliyê Wezaretê ê.

Eger zanyariyên bêtir ji bo lêkolîna hêjatîya we ji Disability Support Pension (DSP) an Employment Services re pêdivî be, Wezaret an lêkolînerên bikarhatî ji aliyê Wezaretê, dikarin gel pisporên tendurustî û/an dabînkêrên xizmetên saxlemîya we pêwendiyê bigirin, daku zanyariyên ku we grêdayî bi seqetî an rewşa bijîşkî ya xwe radest kirine piştrast bikin an şirove bikin.

Ev babete dikare pêwendîya gel tevahîya pisporan (wekî bijîşkê dermankerê we) û/an dabînkêrên xizmetên saxlemiyê be ku seqetî an rewşa bijîşkî ya girêdayî bi hêjatîya we ji DSP an Employment Servicesê lêkolîn, zelal an derman kiribe.

Dibe ku ji pisporên dermanî û/an dabînkêrên xizmetên saxlemiyê we daxwaz bê kirin ku tevahîya zanyariyên bijîşkî yê girêdayî bi lêkolîna hêjatîya we, ji bo DSP an Employment Services eşkere bikin. Ev babetene pêk tên ji raporên dermanî û rapora bijîşkê pispor, tomarên kilînkî, sabiqeyên bijîşkî an agahiyên din an her astengîya ku gengaze bandor hebe ser şeyana we bo karkirinê an beşdar bûna di xizmetên karkirinê an bernamêyên din ê alîkariyê.

Gengaze ji pisporên dermanî û/an dabînkêrên xizmetên saxlemiyê we, daxwaz bê kirin ku piştrast bikin daku we rezamendîya xwe ji wan re ragehandîye daku bikarin agahiyên bijîşkî yê we bidin ber destê Wezaretê, an lêkolînerên bikarhatî ji aliyê Wezaretê ê.

Hûn dikarin ji bo ragehandina rezamendîya xwe, Rezayetnameya belavbûna agahiyên bijîşkî yê di ev formê da tekmîl bikin û Department, eger pêwîst be, tê ev bergeyê radestî pisporên dermanî û/an dabînkêrên xizmetên saxlemiyê bikin.

Hûn dikarin hertim, pê agadar kirina Departmentê, rezamendîya xwe betal bikin. Helbet, eger pisporên dermanî an dabînkêrên xizmetên saxlemiyê agahiyên bijîşkî yê pêwendîdar radest nekin, Department gengaze agahiyên baş bo lêkolîna hêjatîya we ji DSP an Employment Services re tune be. Ev babete gengaze bibe sedema red bûna daxwaza an qet bûna diravê ku ji were tê pêşkêş kirin.

Consent to disclose medical information

Rezayetnameya derxistina zanyariyên bijîşkî

IMPORTANT INFORMATION

AGAHIYÊN BALKÊŞ

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.

Teybetmendî û zanyariyên we yê şexsî

Zanyariyên we yê şexsî ji alî yasa ve hatiye parastinê, *bi madeya 1988 re*, ev agahiyane ji aliyê Australian Government Department of Human Services û bi mebesta lêkolîn û rêveberîya diravdanê û xizmetan, kom dibin. Ev agahiyane, ji bo pêvajoyê kirina daxwaz an gotinên we, pêdivî ne.

Agahiyên we gengaze ji aliyê Departmentê bê bikaranîn an bi armancên lêkolînê, pêvajoyê, an babetên ku rezamendîya we liser hebe an zagonê pêwîst kiribe an izin dabe, ji beşên din re bê radest kirin.

Hûn dikarin ji bo bidestana zanyariyên bêtir liser çawanîya rêveberîya zanyariyên şexsî, ji aliyê Department of Human Services û bidest anîna agahîyan liser siyaseta parastina herêmên şexsî yê me, serdana malpera me humanservices.gov.au/privacy bikin an kopîyek ji ev agahîyan ji Wezaretê daxwaz bikin.

Consent to disclose medical information

Rezayetnameya derxistina zanyariyên bijîşkî

I (full name)

Ez (navê tam)

Date of birth

Berwara ji diye bunê

Day/Roj	Month/Meh	Year/Sal
/	/	/

of (address)

navnîşan

Postcode Postkode	

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.

rezamendîya min heye ku pisporên dermanî û/an dabînkêrên xizmetên saxlemiyê, ji bo lêkolîn kirina hêjatiya min ji bo Disability Support Pension an Employment Services zanyariyên tendurustî ku taybet bi seqetî an rewşa bijîşkî min ve girêdayî bidin ber destê Australian Government Department of Human Services Wezaretê, an lêkolînerên bikarhatî ji aliyê Wezaretê.

Your signature

Îmzaya we

Date

Berwar

Day/Roj	Month/Meh	Year/Sal
/	/	/



CLK05A472KMR 1603