

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.

Lengo la fomu hii

Fomu hii inatumwa ili kuhakikisha idhini yako kuwa wewe unakubaliana na watalaamu wako wa afya na/au wanaotoa huduma za afya kufichua taarifa yanayofaa kuhusu ulemavu wako au hali yako ya matibabu kwa Australian Government Department of Human Services (Idara ya Huduma za Binadamu ya Serikali ya Australia) (idara), au wakadiriaji wanaotumwa na Idara.

Kama taarifa zaidi inahitajika ili kukadiria ustahiki wako kwa Disability Support Pension (Pensheni ya Msaada kwa Ulemavu) (DSP) au Employment Services (Huduma za Ajira), Idara, au wakadiriaji ambao wametumiwa na Idara, wanaweza kuwasiliana na watalaamu wako wa afya wanaokutiba na/au watoaji wako wa afya kuhakikisha au kuwaeleza wazi maelezo unayotoa kuhusu ulemavu au hali yako ya matibabu.

Hiyo inaweza kuwa pamoja na kuwasiliana na watalaamu wowote wa afya (pamoja na daktari yako anayekutiba) na/au watoaji wako wa afya ambao wamekuchunguza, kubainisha au kutiba ulemavu wako au hali zako za afya zinazohusu ustahiki kwa DSP au Employment Services.

Watalaamu wako wa afya wanaokutiba na/au watoaji wako wa afya wanaweza kuulizwa kufichua habari zozote za afya zinazohusu ustahiki wako kwa DSP au Employment Services. Hiyo ni pamoja na ripoti ya watalaamu wa afya, maelezo ya kliniki, taarifa ya matibabu au taarifa nyingine, na vikwazo vyovyote ambavyo vinaweza kuathiri uwezo wako wa kazi au kushiriki katika huduma za ajira au programu nyingine ya msaada.

Watalaamu wako wa afya wanaokutiba na/au watoaji wako wa afya wanaweza kuomba kwa uhakikisho kuwa umewaruhusu kufichua habari zako za uganga kwa Idara au wakadiriaji wanaotumwa na Idara.

Unaweza kutimiza kauli Ruhusu kufichua habari za afya kwenye fomu hii ili kutoa ruhusa yako, na Idara itakuonyesha hii kwa weledi wako wa afya wanaokutiba na/au watoaji wako wa afya ikiombewa.

Unaweza kufuta ruhusa yako wakati wowote kwa njia ya kuishauri Idara. Hata hivyo, kama watalaamu wako wa afya wanaokutiba na/au watoaji wako wa afya hawafichui habari za uganga zinazofaa wanapoombwa, Idara inaweza kukosa maelezo ya kutosha ili kukadiria ustahiki wako DSP au Employment Services. Hiyo inaweza kusababisha ombi lako kukataliwa au malipo yako kusimamishwa.



Consent to disclose medical information Ruhusa kufichua habari za afya

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IMPORTANT INFORMATION

MAELEZO MUHIMU

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.

Faragha na habari zako za kibinafsi

Habari zako za kibinafsi zinalindwa na sheria, pamoja na *Privacy Act 1988 (Sheria ya Faragha 1988)*, na zinakusanywa na Australian Government Department of Human Services kwa makadirio na kusimamisha malipo na huduma. Maelezo hayo yanahitajika kuendeleza ombi lako.

Taarifa/Maelezo yako yanaweza kutumiwa na Idara au kupewa kwa mashirika mengine kwa malengo ya utafiti, uchunguzi au unapokubali au ikihitajika au kuamuruliwa na sheria.

Unaweza kupata maelezo zaidi kuhusu njia ambayo Department of Human Services itasimamisha habari yako binafsi, ikiwa ni pamoja na siasa yetu ya faragha, kwa humanservices.gov.au/privacy au kwa kuomba nakala kutoka Idara.

Consent to disclose medical information

Ruhusa kufichua habari za afya

I (full name)

I (majina yote)

Date of birth

Tarehe ya kuzaliwa

| | | |
|----------|-------------|------------|
| Day/Siku | Month/Mwezi | Year/Mwaka |
| / | / | / |

of (address)

wa (anwani)

| | |
|-------------------|--|
| | |
| | |
| | |
| Postcode Simbo | |

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.

natoa ruhusa kwa weledi wako wa afya wanaokutiba na/au watoaji wako wa afya kufichua habari zozote zenye kufaa kuhusu ulemavu wangu au hali yangu ya afya kwa Australian Government Department of Human Services (Idara), au wakadiraji wanaotumwa na Idara, kama inavyohitajika kutathmini ustahiki wangu kwa Disability Support Pension au Employment Services.

Your signature

Saini yako

| |
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| |
|--|

Date

Tarehe

| | | |
|----------|-------------|------------|
| Day/Siku | Month/Mwezi | Year/Mwaka |
| / | / | / |



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