



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.

ናይዚ ቅጥዒ ዕላማ

እዙይ ቅጥዒ ዝጠቓቓሉ ብዛዕባ ናትካ ኣካል ጉድኣት ወይኻዎ ሕክምናዎ ኮነታ ንAustralian Government Department of Human Services (ናይ መምርሒ ቢሮ)፤ ወይኻዎ ቦቲ መምርሒ ቢሮ ንዝተቐጸሩ ገምጋም ውሃብቲ ንዝኾነ ሓበሬታ ንናትካ ሕክምና ውሃቢ ሰበሞያተኛ ከምኡውን/ወይኻዎ ንሓለዋ ጥዕና መዳለውቲ ኣውጺኦም ንክህቡ ዝገበርኻዮ ስምምዕነት ንክትፈልጡ ንምግባር እዩ።

ንDisability Support Pension (DSP) ወይኻዎ Employment Services፤ ንመምርሒ ቢሮ፤ ወይኻዎ ቦቲ መምርሒ ቢሮ ንዝተቐጸሩ ገምገምቲ ጠቓሚ ንዝኾኑ መረዳኢታ እንተደለዩም፤ ስለዘቐረብኻዮ ናይ ኣካል ጉድኣት ወይኻዎ ናይ ጥዕና ኮነታት ወይኻዎ ነቲ ዝቐረበ መረዳኢታ ንምጽራይ ንናትካ ሕክምና ውሃቢ ሰበሞያተኛ ከምኡውን/ወይኻዎ ንሓለዋ ጥዕና መዳለውቲ ምዝርራብ የድሊ ይኸውን።

ብዙይ ውሽጢ ክጠቓለል ዝኽእል፤ ከም ናይ DSP ወይኻዎ Employment Services ፍቓድ ንምርካብ ጠቓሚ ንዝኾነ ናይ ኣካል ጉድኣት ወይኻዎ ናይ ጥዕና ኮነታ መርመራን ሕክምና ምስቲ ዝገበረ በዓል-ሞያ (ንናትካ ሓኪምውን) ከምኡውን/ወይኻዎ ምስናይ ሓለዋ ጥዕና መዳለውቲ ብምዝርራብ ይኸውን።

ንናትካ ሕክምና ውሃቢ ሰበሞያተኛ ከምኡውን/ወይኻዎ ንሓለዋ ጥዕና መዳለውቲ ንናይ DSP ወይኻዎ Employment Services ፍቓድ ከምትረኽብ ገምጋም ንምግባር ጠቓሚ ዝኾኑ ናይ ሕክምናዎ ዕቃብ መረዳኢታ ንክውጽኡ/ንክህቡ ክትሕተቱ ይኽእሉ እዮም። ናይ ሕክምናዎን ናይ ፍሉይ በዓል-ሞያ፤ ብናይ ክሊኒክ ዝተወሰደ ሓጺር መግለጺ፤ ናይ ሕክምናዎ መርመራ መዝገብ/ሪከርዲ ወይኻዎ ካልእ መረዳኢታ ከምኡውን ብሥራሕ ክእለትኻ ወይኻዎ ብቆጻሪን ተቆጻሪ ኣገልግሎት ወይኻዎ ብካልእ ናይ ሓገዝ ፕሮግራማት ዝኾነ ጸገም ክፈጥር ንዝኽእል ብዙይ ውሽጢ ከምዝጠቓለል እዩ።

ብዛዕባ ናትካ ሕክምናዎ መረዳኢታ ንናይ መምርሒ ቢሮ ወይኻዎ ቦቲ መምርሒ ንዝተቐጸሩ ገምጋም ውሃብቲ ኣውጺኢኻ ንክውሃብ ከምተስማማዕኻ ንምርግጋዕ ናትካ ሕክምና ውሃቢ ሰበሞያተኛ ከምኡውን/ወይኻዎ ንሓለዋ ጥዕና መዳለውቲ ንምሕታት ይኽእሉ ይኸውን።

ብዙይ ቅጥዒ ውሽጢ ንሕክምና ዕቃብ መረዳኢታ ንምውጻእ ስምምዕነት ጽሑፋዊ መግለጺ ንክትመልእ ትኽእል፤ ከምኡውን ንዝቐረብኻዮ ስምምዕነት ናትካ ሕክምና ውሃቢ ሰበሞያተኛ ከምኡውን/ወይኻዎ ንሓለዋ ጥዕና መዳለውቲ እንተሓተብኻም እቲ መምርሒ ቢሮ የርእዮም እዩ።

ኣብዝኾነ ግዜ ነቲ መምርሒ ኣፍሊጥኻ ነቲ ስምምዕነት ጠጠው ምባል ትኽእል። ይኹን እምበር ናትካ ሕክምና ውሃቢ ሰበሞያተኛ ከምኡውን/ወይኻዎ ንሓለዋ ጥዕና መዳለውቲ ጠቓሚ ንዝኾነ ናይ ሕክምናዎ መረዳኢታ ክሕተት እንከሎ ኣውጽኢኻ እንተዘይሂብኻ፤ እሞ ብዛዕባ ናትካ ናይ DSP ወይኻዎ Employment Services ፍቓድ መርከቢ ገምጋም ንምክያድ እቲ ናይ መምርሒ ቢሮ እኹል ዝኾነ ናይ ሕክምናዎ መረዳኢታ ክይነብሮ ይኽእል። እዚውን ንዝቐረብኻዮ ሕቶ ተቐባልነት ዘይምርካብ ወይኻዎ ንዘለኻ ክፍሊት ጠጠው ክበል ከምዝኽእል እዩ።



IMPORTANT INFORMATION
ጠቅሚ ዝኾነ መረዳኢታ

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.

ዕቃብ ምስጢርን ውልቃዊ መረዳኢታ

ናትካ ውልቃዊ ዕቃብ መረዳኢታ ብሕገ ዝተሃለወ ከምዝኾነ፤ እዚ ውን ንዕቃብ ምስጢር ኣንቀጽ ሕገ/Privacy Act 1988 ዝኾተተ፤ ከምኡ ውን ንክፍሊታትን ኣገልግሎታት ገምጋምን መምሕድዳር ብናይ Australian Government Department of Human Services ኣቢሉ ብሕታዊ መረዳኢታ ይውሰድ እዩ። ንናትካ ማመልከቻ ወይኻ ሕቶ ከይዲ ኣሰራርሓ እዚ መረዳኢታ የድሊ እዩ።

ንናትካ መረዳኢታ እቲ መምርሒ ክጥቐሙ ከምዝኽእል ወይኻ ለንገተኛ ስምዒት ወይኻ ብናይ ሕገ ዝተፈቀደሉ እተኾይኑ ንመርመራ መጽናዕቲ ንክብሃል እቲ መረዳኢታ ንኸልኡት ኣካላት ክውሃብ ይኽእል።

ንናትካ ብሕታዊ መረዳኢታ፤ ናትና ዕቃብ ምስጢር ፖሊሲ ብዛዕባ Department of Human Services መቆጻጸሪ ሜላ ዝበለጸ መረዳኢታ ኣብ ዌብሳይቲ፤ humanservices.gov.au/privacy ንምርካብ ትኽእል ወይኻ ኣብቲ መምርሒ ቢሮ ቅዳሕ ወረቐት ምሕታት ትኽእል።

Consent to disclose medical information
ንናይ ሕክምናዊ መረዳኢታ ኣውጻእኻ ንምሃብ ስምምዕነት

I (full name)
እነ (ሙሉእ ስም)

Date of birth
ዕለት ልደት

Day/መዓልቲ / Month/ወርሒ / Year/ዓመት

of (address)
(ኣድራሻ)

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.

ብዛዕባ ናተይ ኣካለ ጉድኣተኛ ምዃን ወይኻ ናይ ሕክምናዊ ኩነታት ንAustralian Government Department of Human Services (ንመምርሒ ቢሮ)፤ ወይኻ ብቲ መምርሒ ቢሮ ንዝተቆጸሩ ገምጋም ውሃብቲ ጠቅሚ ንዝኾኑ መረዳኢታ፤ ንናተይ ናይ Disability Support Pension ወይኻ Employment Services ፍቓድ መርከቢ ገምጋም ንምክያድ ኣድላይ እንተኾይኑ ነቲ መረዳኢታ ኣውጻእም ንክህቡ ንናተይ ሕክምና ውሃቢ ሰበሰባተኛ ከምኡ ውን/ወይኻ ንሓለዎ ጥዕና መዳለውቲ ፈቓድም ኣለኹ።

Your signature
ናትካ ፊርማ

Date
ዕለት

Day/መዓልቲ / Month/ወርሒ / Year/ዓመት



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