

## 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.

## 本份表格的目的

本份表格用于确认你同意为你治疗的医护人员以及/或者医疗服务机构可向 Australian Government Department of Human Services (澳大利亚政府民政服务部) 或该部门聘用的评估人员披露涉及你的残障或病症的相关信息。

如因评估你是否有资格获得 Disability Support Pension (残障人福利金, 简称: DSP) 或 Employment Services (就业服务) 而需要更为详细的信息, 民政服务部或该部门聘请的评估人员或许会与为你治疗的医护人员以及/或者医疗服务机构取得联系, 以便确认或澄清你所提供的有关本人残障或病症的信息。

任何医护人员 (包括你的主治医生) 以及/或者医疗服务机构, 如果因为针对你是否有资格获得 DSP 或 Employment Services 而曾经为你的残障或病症作过检查、诊断或治疗都可能是相关部门或人员联络的对象。

为你治疗的医护人员以及/或者医疗服务机构也可能按规定披露任何与评估你的 DSP 或 Employment Services 资格相关的信息, 包括专科医生报告、临床记录、病历或其他信息。如果有任何可能影响你工作或参与就业服务或其他协助计划的障碍, 这些情况也会包括在披露的资料中。

为你治疗的医护人员以及/或者医疗服务机构可能与你联络, 确认你已经同意可以向民政服务部或该部门聘用的评估人员披露与你的医疗有关的信息。

你可以填写完成本份《同意披露医疗信息》, 以便民政服务部在需要的时候提供给你治疗的医护人员以及/或者医疗服务机构。

你可以在任何时候通知民政服务部, 撤销同意。但是, 如果为你治疗的医护人员以及/或者医疗服务机构没有按规定披露相关的医疗信息, 民政服务部可能会因为资料不充足而无法评估你是否具备获得 DSP 或 Employment Services 的资格, 从而可能导致我们拒绝你的福利金申请或停止向你发放福利金。

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IMPORTANT INFORMATION

重要信息

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

个人资料和隐私保护

你的个人资料受到包括 *Privacy Act 1988* (1988年隐私保护法) 等法律法规的保护。Australian Government Department of Human Services (澳大利亚政府民政服务部) 收集你的个人资料, 用于涉及福利金和各类服务的评估及其管理工作。我们需要这些资料才能办理你的申请或要求。

民政服务部可能会使用与你有关的个人资料, 或将这些资料披露给其他机构, 用于研究调查以及你同意可以使用, 或法律规定或授权可以使用的事务。

有关 Department of Human Services 管理你的个人资料的方式和我们的隐私保护政策, 你可以查询 [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) 网站了解详细信息, 或向民政服务部索取书面资料。

Consent to disclose medical information

同意披露医疗信息

I (full name)

本人 (全名)

Date of birth

出生日期

Day/日	Month/月	Year/年
/	/	/

of (address)

现居 (你的住址)

Postcode 邮政编码	

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.

同意为本人提供治疗服务的医护人员以及/或者医疗服务机构向 Australian Government Department of Human Services (澳大利亚政府民政服务部) 或该部门聘用的评估人员披露任何与我的残障或病症相关的信息, 用于评估本人获得 Disability Support Pension 或 Employment Services 的资格。

Your signature

你的签名


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Date

日期

Day/日	Month/月	Year/年
/	/	/



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