



Consent to release an electronic Aged Care Client Record (AC010)

When to use this form

This form must be used by a care recipient/nominee to give their consent to an aged care service (includes Residential care, Home care and Multi-Purpose Services) or an Aged Care Assessment Team (ACAT) to request a copy of their electronic Aged Care Client Record (eACCR) from Services Australia.

For more information

Go to servicesaustralia.gov.au/agedcareportal

If you need assistance completing this form, call **1800 195 206** Monday to Friday, 8:30 am to 5 pm Australian Eastern Standard Time.

Consent by care recipient/nominee

This section must be completed by the care recipient/nominee. You can withdraw this consent for the use of your personal information at any time in writing.

5 I am the:

Care recipient

Nominee Nominee's family name

Nominee's given name

I consent to:

- Services Australia releasing a copy of the care recipient's most recent electronic Aged Care Client Record to:

Service/Aged Care Assessment Team name

I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- the information in the care recipient's electronic Aged Care Client Record will be used to determine if the approved level of care required can be provided.
- giving false or misleading information is a serious offence.

Care recipient/nominee signature

Date (DD MM YYYY)

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Care recipient details

1 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

2 Date of birth (DD MM YYYY)

3 Gender

Male

Female

Non-binary

Privacy notice

4 The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy



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Service/Aged Care Assessment Team details

This section must be completed by the Aged Care service or ACAT.

6 I wish to receive a copy of the eACCR via:

mail

fax

The eACCR cannot be emailed.

7 Service/ACAT name

8 Service ID/ACAT ID

9 Postal address

| |
|----------|
| |
| |
| Postcode |

10 Contact person's full name

11 Aged Care User ID

12 Daytime phone number (including area code)

Fax number (including area code)

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Declaration

14 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Contact person's full name

Contact person's signature

Date (DD MM YYYY)

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Returning this form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Return this form:

- online**, using the Aged Care Provider Portal. For more information, go to servicesaustralia.gov.au/agedcareportal
- by post to
Services Australia
Aged Care Payments Team
PO Box 7854
CANBERRA BC ACT 2610