

Consent to disclose medical information

حضِتكبه منه منه مخكبة دخهودكبه

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عبغة وذنة وهفة

نَهُ هِمْقُهُ (هِهُ وَمِي الْمُعْهُ مُعُهُ لَمُعَدُوهِ وَالْمَهُ حَمْدُ وَالْمَهُ حَمْدُ لِعَدَّكُ مَمْهُ مِحْدُ وَالْمَهُ وَخِمْدُهُ وَخِمْدُهُ وَخِمْدُهُ وَخِمْدُهُ وَخِمْدُهُ وَخِمْدُهُ مَنْهُ هَا وَالْمَهُ وَخِمْدُهُ وَخِمْدُهُ وَخِمْدُهُ مَنْهُ مَدْمُوهُ وَاللّهُ وَاللّهُ وَخِمْدُهُ وَخِمْدُهُ مَنْهُ مَدْهُ مَا مُعْمَدُهُ مَا Australian Government Department of Human Services وَمُعْرِعُتُهُ وَخُمْدُهُ وَاللّهُ مِنْهُ مُوهِ لَهُ مِنْ حَمْدُهُ وَخُمْدُهُ وَاللّهُ مَنْهُ مَنْهُ مَنْهُ وَلَيْهُ لَا اللّهُ الللّهُ اللّهُ الللّهُ اللّهُ اللّهُ اللّهُ اللّهُ اللّهُ اللّهُ اللّهُ اللّ

1, 1,4 هىبھوڭ1 كحوت ۋەۋ1 خەوڭىوڭ1 قا ھۇشىھڭ1 وكسىھوڭموڧ, كۈدۈك(DSP) Disability Support Pension (DSP) ئۆدۈك(دېجەڭ1 ئە ھۇشىڭ1 ھوقكىيا دىد خېمىڭ1، ئەھۇھب ئېد شدىۋ1 دۆسەڭ1 دىدۇدەدەدەك, ئىلا دائە ھۈۋۇۋ1 دىكىڭڭ1 دۆسەڭ1 دىيىلا كەندەدەئە ئە كۆسەدەئە خەرڭدوڭ1 دىلادودەن مەن، دوھ ھۇددوڭدون ئە خدىدەدەر

اَنْ اَحَدَهُ وَهُجِعْهُ اَمْعُومُهُ الْحَدَ حَكِيمَهُ مِحَبَدِهُ وَيُسَمِهُ (حِيجَعْهُ اَعْمُوهُ) هُانُهُ الْحَدَ اُنَا طَبِي عَنْهُ وَيَحْجُهُ وَيُسَمِهُ وَيُوسِيِنِيمَهُ اَنْ حَكُومِينِيمَهُ اَنْهُ الْحَدَ وَوَوَفَوْنِيمِهُ مِنْهُ صَلْوَحُومُوهُ وَيُ مَعْقَلُوهِ اللّهُ عَلَيْهُ مِنْهُ حَلَيْهِ مِنْهُ وَيُوهُ اللّه حَقَدُوكُ اللّهُ عَلَيْهُ عَلَيْهِ اللّهُ عَلَيْهُ اللّهُ عَلَيْهُ عَلَيْهُ اللّهُ عَلَيْهُ اللّهُ اللّهُ اللّ حَقَدُوكُ اللّهُ عَلَيْهُ عَلَيْهُ عَلَيْهُ اللّهُ الللّهُ اللّهُ اللّهُ الللّهُ اللّهُ اللّهُ اللّهُ اللّهُ اللّهُ اللّهُ اللّهُ اللّ

خِكْدَة وَفَحَة لِحَكِيمَة هِم سِحبةِد وَسِهِمْة وَصَدُوْدُوَدُوهِ أَنَّهُ هَا هُأَنُهُ هِم َ عَبْوَقِتِهُ وَسِكْمُة وَسَدُمُهُ وَعَدُوْدُوهُ وَمَدُوْدُوهُ مَا يَّهُ مَا يُغْتَفَعُهُ مَكُهُ وَسِكْمُة فَعْ وَصَدِكُمَة عَلَى الله عَيْمُهُ مَكُهُ عَلَى الله Employment Services أَنَّهُ عَلَى الله عَيْمُهُمْ وَكُمْ مُحْمَة وَلَا يَعْمَوهُ وَلَا يَعْمَ اللهُ الله

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.



Consent to disclose medical information

مفحكتوه؛ هَا مككه؛ دَجُودِكِتوهُ؛

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حضتكتوهْ، قد حككته وجوونتوهْ، دُهبوهُنهْ،

I (full name)	
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	مُجِمَدِدً)، نُهُ مَعْ مَجْسِمُتِهُ دِفْجِهِ مِنْهُ مَوفِكِ
	مبعومًا كَوْدِبًا خِودِكُنومًا فَا نَبِيًّا وَحَجُبُ Services و Disability Support Pensior
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ببعصب	
at .	
Date	
هبعوم	

IMPORTANT INFORMATION

جُودِكُتوهُمْ لَنْتَصْمُمْ

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.

دېكتىمة، ەجەدئىمةمدە، فدىنىقىة،

جُودِكْتُوهْجَهْ، فِدُوفَكَهْ عِبِتِهْ مِكُهُ تَكِيدُهْ تَقْدَفْتْهُ، يَسْجُتْهُ قَدَفْتُهُ وَدِيكَتُوهُمْ يَد وَدِيكُتُوهْهُ وَ 1988 (Privacy Act 1988) وقيتهُ مِكَةُ مَدُوتِكُهُ حَبْد Australian Government Department of Human Services مَهْ يَبِيْهُ وَدِهُمْهُمْ وَوَحِدُدُهُ وَقُودَكُمْ وَمِدْخُودُهُ وَقُودُ مِنْكُمُ مُودِكُمُوهُ وَمُدْمُودُ وَحَدُمُوهُ وَدُودُ وَخُودُ وَخُودُ وَدُودُ وَالْكُودُ وَالْكُودُ وَالْكُودُ

هيمه، دفتيمه، حمِد زهدُه جمود عُدهِهُ دمِه دودَهُ و Department of Human Services يد هذِيدُ كَفَ جَمدِكُتههُم، خَد فِذَيهُ فَكُمْ، يَسَجْتُهُ لِجُجِهُم دِفَهُ هَذِيدَهُمْ دِوبِكُتْمَهُمْ، خَدَ خَدَفَهُ humanservices.gov.au/privacy أَه حَهْكُتُمْهُ دِسَةِهُ فِهْسُمْهُ مِ جَدِهِ جُهْدٍ.



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