

# Consent to share information.



Need help?  
**1300 866 228**

Consent to share information.

I authorise Care Connect to be contacted by the people or agencies listed below. Information about me may be exchanged in writing, verbally, or electronically. Information exchanged will only be for my benefit and kept strictly confidential.

## Please tick and complete any sections relevant to you.

- General Practitioner, as specified: \_\_\_\_\_
- Carer and / or emergency contact, as specified: \_\_\_\_\_
- Family member(s) and / or friend(s), as specified: \_\_\_\_\_
- Advocate, as specified: \_\_\_\_\_
- Other service providers, as specified:  
(e.g. Meals on Wheels, day respite) \_\_\_\_\_
- Allied Health providers, as specified: \_\_\_\_\_  
(e.g. physiotherapist, occupational therapist)
- Hospital(s) as specified: \_\_\_\_\_
- State or Federal Government Agencies, as specified: \_\_\_\_\_  
(e.g. Medicare)
- Other, as specified: \_\_\_\_\_
- Please name anyone you DO NOT want to disclose your information to, as specified:  
\_\_\_\_\_
- Care Connect is held to strict rules under the privacy legislation regarding disclosing information to overseas patients. If there is anyone you want information exchanged with that resides outside of Australia, please list them below including the country they reside in.  

(Name)	(Relationship)	(Country)
- I would like to receive information about products and services, including the monthly newsletter and other marketing communications from Care Connect.  
*If in the future you no longer want to receive the abovementioned information, please contact Care Connect's Privacy Officer on 1300 866 228 to opt out.*

**Name:**

**Signature:**

**Date:** / /

**care**  **connect**

*Life, made easier*