

# Release of Information Request

Specified Disclosure of Information

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## To :

Agency Name:	Fax No:	No. Pages Incl:
Attention:	Date:	Time:

## From :

Agency Name/Site:	Phone No:	Mobile:
Practitioner's Name:	Position:	Email:

## Consumer Details :

Consumer Name:	Date of Birth:
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## Section 1: Type of Information & Proposed Use

In order to provide health services to this consumer it is requested that your service releases the following information for the above consumer:

Include limits as applicable. Examples: all relevant information; test results only

## Section 2: Record of Consumer Consent

### 2(A) Written Consumer Consent

<p>2(a) My practitioner has discussed with me how, when and why the above information about me is needed. I understand the recommendations and I give my permission for the information to be shared as detailed above.</p> <p>Signed: _____ (Consumer OR Authorised Representative)</p> <p>Date: _____</p> <p>Consumer Name: _____</p> <p>Witnessed: _____ (Practitioner)</p> <p>Practitioner Name: _____</p> <p>Role: _____</p>
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### OR 2(B) Verbal Consent

<p>2(b) <i>Practitioner Use Only</i> Verbal consent should only be used where it is not practicable to obtain written consent.</p> <p>I acknowledge that the consumer was not unable to sign this document. I have discussed the proposed release of information with the consumer. I am satisfied that the consumer understands the proposed uses and disclosures, and has provided their informed consent to these.</p> <p>Signed: _____ (Practitioner)</p> <p>Practitioner Name: _____</p> <p>Role: _____</p>
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