



CENTRE FOR  
**Health and  
Wellbeing**

## Authority and Consent for Collection and Release of Medical Information By a Third Party

Your privacy is important to us and we will only collect, use or disclose your personal information upon a signed authority from you.

I.....  
.....  
*(Patient's full name)*

Date of Birth...../...../.....

Of.....  
.....  
*(Patient's full address)*

.....  
.....

hereby authorise and consent to  
Dr.....

from the Centre for Health & Wellbeing, 38 The Parade NORWOOD SA

to provide medical/health information/records:

- on this occasion only
- indefinitely (until revoked by patient)

To.....  
.....  
*(Parent/guardian/third party)*

.....  
.....

Signature.....  
*(Patient)*

Date...../...../.....