



CONFIDENTIAL RELEASE OF INFORMATION FORM

I, _____

Of (address) _____

Mobile _____

Authorise Carelink to:

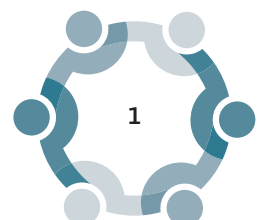
- 1 Provide a copy of the report prepared for the Compensation Panel to:

- 2 Discuss with and/or release information concerning my case and/or management with my:
(e.g. psychiatrist, psychologist, counsellor, doctor, solicitor, pharmacist):

- 3 Request periodic progress reports from my:
(e.g. psychiatrist, psychologist, counsellor)
Note: The content of sessions will not be requested or required.

- 4 Seek information regarding my case related to payment by Carelink.

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Continued

The purposes of releasing such information may include, and are not limited to:

- contributing to evaluation/assessment
- assisting with planning and delivering interventions
- providing recommendations and reports
- assisting with provision and funding of services.

I understand this information will:

- be used for professional purposes
- remain confidential
- not be disclosed to unauthorised third parties.

This authorisation may be revoked by me in writing at any time, except to the extent that action upon it has already been taken.

This authorisation remains valid unless revoked by me. I understand that a copy of this release is as valid as the original.

Signature

Date:

Please send the completed form to:

Email: info@carelink.melbourne

Mail: Carelink, Suite 520, Level 5, 100 Victoria Parade, East Melbourne VIC 3002

Carelink

Suite 520, Level 5, 100 Victoria Parade, East Melbourne VIC 3002

Phone: 1300 810 957. Fax: 03 9926 5641

Email: info@carelink.melbourne Website: carelink.melbourne

