

You are to use the “Consent to Disclose Personal Information to Other Parties” form (MR049) to instruct IHMS to release your current personal information (including sensitive and health information), as defined by the Australian Privacy Act 1988, to the Organisation/Representative you have listed below. It will also provide you with the opportunity to instruct IHMS to disclose future records containing personal information.

In providing your consent, you must make yourself aware of how your personal information will be used by the Organisation or Representative that you are giving access to, how long that Organisation or Representative intends to maintain your Personal Information and what security it will provide over that information. You should also make yourself aware of the risks involved in giving your Personal Information (including sensitive information) to someone else. This is known as being informed, and the consent that you give will be “informed consent”. IHMS needs to be comfortable that when you give consent, you are giving informed consent. By advising you to make yourself aware of the uses and risks involved in IHMS disclosing your Personal Information to your nominated Organisation or Representative IHMS will consider that your consent given in the Consent Form will be informed consent.

You also need to remember that you can revoke or amend your consent at any time by providing further written instruction to IHMS.

Please ensure that you read the Consent Form very carefully. If you require assistance in understanding the requirements then please ensure that you ask IHMS. After you have signed it, ensure that you maintain a copy of the Consent Form that you signed for your future reference.

In determining disclosure of your Personal Information IHMS will only do so if the disclosure is lawful and consistent with the Australian Privacy Act.

Section	Guidance <i>(please note that if you do not comply with the guidance given below then this may cause IHMS to reject your consent form until the form is properly filled out)</i>
Person Giving Consent	All fields are to be completed using the English alphabet, numbering and date system and format, and only in block letters where applicable.
Parent/Legal Guardian Consent	<p>Children under the age of 16 are to have a parent or government-recognised legal guardian authorise consent for the child’s personal information to be disclosed.</p> <p>Children from the age of 16 and up to the age of 18 are to provide their own consent unless there is clinical evidence that the child lacks the capacity to give informed consent. A parent or legal guardian may only authorise disclosure of this age group’s personal information if the child, who is capable of informed consent, agrees in writing to that instruction given by the parent or legal authority to IHMS.</p> <p>A person over the age of 16 who is deemed, by a qualified medical practitioner, to lack capacity to give informed consent will have a legal guardian appointed by an appropriate authority. That legal guardian, or a parent, may sign the Consent Form on behalf of the person.</p> <p>A litigation guardian may only authorise disclosure of a person’s personal information for the sole purpose of the litigation for which guardianship has been ordered.</p>
Consents	<p>Organisation/Representative: Only one organisation or representative is to be identified on the consent form. If two or more are listed, IHMS will only observe the first organisation or representative noted on the list. If you wish to release your personal information to two or more organisations or representatives then you will need to complete separate consent forms for each and every organisation and/or representative.</p> <p>Specific Personal Information to be disclosed by IHMS: You are to clearly but briefly identify what information you authorise IHMS to disclose to your nominated Organisation or Representative. For instance; “entire medical file”, “related to hand injury”, “mental health records”, etc.</p> <p>Future personal information: The consent form is valid up to the date that consent is given (encompassing current Personal Information). If you wish future records (that is, your Personal Information which is collected by IHMS after the date of consent) to be available to the Organisation or Representative that you have nominated then you should sign the Consent Form where indicated for “future Personal Information”. If no signature is provided in that space then IHMS will interpret this to mean that you do not give consent for future records to be disclosed.</p>
IHMS Validation of the Signature	You should ensure that when you seek to complete the Consent Form you sign the Form in front of a health practitioner engaged by IHMS (this could be a health practitioner at an IHMS health clinic if you reside in an immigration detention facility or a Regional Processing Centre, or a health practitioner nominated by IHMS as your community health provider if you reside in the community (this will be the general practitioner that IHMS has allocated you to if you reside in Community Detention in Australia or a health practitioner at the Nauru Settlement Clinic or the East Lorengau Refugee Transit Centre on Manus Island)). If you reside in the Australian community on a visa then you should not use the Consent Form, instead applying for access directly to the Department of Immigration and Border Protection under the Australian <i>Freedom of Information Act</i> .

CONSENT TO DISCLOSE PERSONAL INFORMATION TO OTHER PARTIES

PERSON GIVING CONSENT ("the PERSON") (this section must be completed)

Name:		Identification Number:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____ / _____ / _____	Age:	
Language:	Interpreter used: <input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter Number:	

PARENT/LEGAL GUARDIAN CONSENT

(only to be completed if the Person is unable to give consent: this section is to be left blank if the Person is able to give consent)

Name:	
Date of Birth:	Relationship to the Person:

NOTICE OF CONSENT VALIDITY AND RIGHT OF REVOCATION

By signing this consent form I acknowledge that my consent herein will remain valid until it is withdrawn by me or after a period of five (5) years from the date I have given this consent (whichever is the earlier). I understand that I can revoke or amend this consent at any time by providing further written instruction to International Health and Medical Services Pty Limited (IHMS).

CONSENTS

(all fields below are to be completed)

IHMS, including its subsidiaries, is hereby authorised and instructed to disclose my current Personal Information (including sensitive information as held by IHMS) as specified under to the named organisation or my representative (identified below):

Organisation/Representative <small>(only one Organisation or Representative is to be listed: Separate forms are to be used for each nominated Organisation and/or Representative)</small>	Specific Personal Information to be disclosed by IHMS
Signature of the Person (or Parent/Guardian if the Person is unable to give consent):	Date of Consent:

IHMS, including its subsidiaries, is hereby authorised and instructed to disclose my future Personal Information (including sensitive information as held by IHMS) to the nominated Organisation or my Representative (as identified above) on the lawful demand of the nominated Organisation/Representative:

Signature of the Person (or Parent/Guardian if the Person is unable to give consent): <i>(the signature and date fields below are to be left blank if <u>future</u> records are not to be disclosed by IHMS)</i>	Date of Consent:

Verbal consent (IHMS Staff Use Only – verbal consent should only be used where it is not practicable to obtain written consent: *If verbal consent is not applicable, the signature and date fields below are to be left blank*):
I have discussed the proposed disclosures with the Person. I am satisfied that the Person understands the proposed disclosures and has provided his/her informed consent to these.

IHMS Health Practitioner Signature:	IHMS Health Practitioner Name:	Date:

IHMS VALIDATION OF THE SIGNATURE OF THE PERSON

(or of the Parent/Legal Guardian if the Person is not able to give consent)

As a health practitioner engaged by IHMS, I confirm that the person whose signature appears in the Consent section above is the signature of the Person to whom this Consent Form refers (or, alternatively, that the Person is unable to give informed consent and that the signature is the signature of a Parent or Legal Guardian of the Person).

IHMS Health Practitioner Signature:	IHMS Health Practitioner Name:	Date: