

Authorised Contact/s for Clinical Information

We update patient records to keep them accurate and ensure you receive quality care.

Please take a moment to complete this form and if you need any help, our team will be happy to assist you.


Instructions: Please complete all required fields and tick (✓) or mark (✗) in the ○ for multiple-choice questions.



We are committed to protecting the confidentiality and privacy of your personal health information. In accordance with our privacy policies and relevant regulations, we will only disclose your clinical information directly to you or to another healthcare provider who is involved in your care (such as a specialist to whom you have been referred).

If you would like to authorise a specific family member or contact person to receive and discuss your clinical information on your behalf - including appointment details, pathology, radiology, or other test results - please authorise the below.

Please note that if you don't provide this authorisation, we will be unable to share your personal health information with anyone else, including family members or friends, unless we receive your consent at a later time.


Patient Details

 **First name** _____  **Last name** _____


 **Date of birth** ____ / ____ / ____  **Phone** _____

Would you like to authorise a family member or contact person to discuss your clinical information?


Yes No *If yes, please provide details below (you can fill out 1, 2 or 3 authorised contacts):*

 **Authorised Contact 1: Name** _____

 **Contact number** _____  **Relationship to you** _____

 **Authorised Contact 2: Name** _____

 **Contact number** _____  **Relationship to you** _____


 **Authorised Contact 3: Name** _____

 **Contact number** _____  **Relationship to you** _____

Who is completing this form?

I am the patient I am the patient's parent, legal guardian or substitute decision-maker

 **Full Name:** _____

 **Signature:** _____ **Date:** ____ / ____ / ____

Thank you for helping us keep your details up to date