

Purpose of this form

This form is used to confirm that you consent to your treating health professionals and/or health providers disclosing relevant information about your disability or medical conditions to Services Australia, or assessors engaged by Centrelink.

This consent form does not replace the need for you to provide medical evidence for a medical review or when lodging a claim for Disability Support Pension (DSP). We need medical evidence from your treating health professionals to help us understand how your condition affects you and to correctly assess your medical review or claim. This is explained in the **Disability Support Pension Medical evidence checklist (SA473)** form and the **Claim for Disability Support Pension (SA466)** form available on our website.

If we, or assessors engaged by us, need more information to assess your eligibility for DSP, we may contact any treating health professionals and/or health providers who have examined, diagnosed or treated your disability or medical conditions relevant to your claim.

They may be asked to provide any medical information that will help us assess your claim. This may include:

- medical and specialist reports
- clinical notes
- medical records
- any other information or barriers that may affect your ability to work or attend employment services or assistance programs.

Your treating health professionals and/or health providers may ask for confirmation that you have consented for them to disclose your medical information to Centrelink or assessors engaged by us.

You can complete the Consent to disclose medical information statement on this form to provide your consent, and Centrelink will show this to your treating health professionals and/or health providers if requested.

You can withdraw your consent at any time by advising Centrelink. However, if your treating health professionals or health providers do not disclose relevant medical information when requested, Centrelink may not have enough information to assess your eligibility for DSP or employment services. This may result in your claim being rejected or your payment being stopped.

You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Consent to disclose medical information

I (full name)

Date of birth (DD MM YYYY)

of (address)

Postcode

give consent for my treating health professionals and/or health providers to disclose any relevant information about my disability or medical conditions to Centrelink, or assessors engaged by Centrelink, if required to assess my eligibility for Disability Support Pension or employment services.

Your signature



Date (DD MM YYYY)



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