

## Authority and Consent for the collection and release of health information for Care Coordination Services

This Authority confirms your agreement to participate in the Care Coordination Program, and consent to TUH Health Care Services collecting your health information from your health providers. Please complete and sign this form and return to TUH Health Care Services.

Your privacy is important to us. To develop and provide you with a Care Coordination Plan and provide you with, or arrange access to, services, we may need to obtain, use, and disclose your health information from, and to, your health providers. We will only collect, use or disclose your health information, obtained under this Authority, for this purpose and in accordance with the Privacy Act 1988 and the TUH Privacy Policy. A copy of our Privacy Policy is available from [www.tuh.com.au/legal/privacy-and-fraud-statement](http://www.tuh.com.au/legal/privacy-and-fraud-statement) or upon request.

Please contact us if you have any questions on how we will manage your personal information.

I, \_\_\_\_\_,  
(full name)

of \_\_\_\_\_  
(address)

Date of birth: \_\_\_/\_\_\_/\_\_\_

hereby authorise and give my consent to any doctor, health professional, hospital or other health institution, or other health provider to provide information about my health and medical conditions to TUH Health Care Services and for TUH Health Care Services to provide my health information to my health providers.

I understand that the information is needed to prepare and provide me and my nominated health providers with a Care Coordination Plan, and for TUH Health Care Services to provide, or arrange access to services described in the Plan.

I authorise and consent to a photocopy of this Authority being sufficient evidence of my authority and consent to release information about my health and medical conditions to TUH Health Care Services.

I understand that I can withdraw this Authority at any time. I understand that if I withdraw this Authority TUH Health Care Services may not be able to provide care coordination services, or only provide these services in a limited manner.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### Important Notice:

To opt out of the program at any time please contact us on **1300 360 701** or **care@tuh.com.au**.

**Return to:**  
TUH Health Care Services  
PO Box 265 Fortitude Valley QLD 4006

**Email:** care@tuh.com.au