

Release of medical information

Your details

Name	<input type="text"/>	Reference No.	<input type="text"/>
Address	<input type="text"/>	Postcode	<input type="text"/>
Date of birth	<input type="text"/> (dd/mm/yyyy)		

I hereby give my consent for Victims Services to contact the health professional/s listed below to obtain any reports, clinical notes or other relevant medical information relating to examination/treatment for:

Act of violence committed on (date) (dd/mm/yyyy)

Health professional (for example, doctor, hospital, counsellor)	Address	Contact numbers
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature	<input type="text"/>	Date	<input type="text"/> (dd/mm/yyyy)
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Important

The medical information collected will be used to determine any entitlement to support. Victims Services makes no guarantee that any information provided by the health professional is relevant to your application for support. This form may be provided, in its entirety, to the health professional/s listed above.

Confidentiality

In general the material in our possession is not released to other people, however we may be required to produce documents to a court where there is other legal action.

Privacy

Victims Services is required to comply with the *Privacy and Personal Information Protection Act 1998* (NSW) and the *Health Records and Information Privacy Act 2002* (NSW)

Where to send your application

Completed forms may be returned to: Victims Services
 Locked Bag 5118
 Parramatta 2124 NSW

or you can fax to: (02) 8688 9632

or email to: vs@justice.nsw.gov.au

For further information, phone: 1800 633 063