CBHS CORPORATE

CBHS Corporate Health Pty Ltd ACN 85 609 980 896

Please send this form and any additional information:

By post: CBHS Corporate, Locked Bag 5098, Parramatta NSW 2124

Phone: 1300 586 462 **Fax:** 02 8604 3576

Authorisation to Release Information

MEMBER AND PATIENT DETAILS

1. Fund details

Member No.

2. Member's details

Title Mr ◯ Mrs ◯ Miss ◯ Ms ◯ Dr ◯

Surname

Given name(s)

3. Patient's details

(If the patient is the same as the member write 'as above')

Surname

Given name(s)

4. Patients address

Street number

Suburb/Town

State/Territory Postcode

5. Reason for hospitilisation

AUTHORISATION

6. I, **patient/authorising person's names**

authorise my doctor/s, hospital/s, or any other authorities concerned (as listed below) with the above hospitalisation (as stated in the field 5. above) to supply all relevant information to CBHS Corporate Health and its Medical Consultant/s.

Medical Practitioner details

◯ **Referring General Practitioner**

Name

Address

Telephone

◯ **Specialist**

Name

Address

Telephone

◯ **Hospital**

Name

Address

Telephone

SIGNATURE

7. If the patient is under the age of 18 years the member/authorising person should sign.

Date / /

Patient's signature