

NOARLUNGA VOLUNTEER TRANSPORT SERVICE INC.

AUTHORITY FOR THE RELEASE OF PERSONAL INFORMATION TO A THIRD PARTY

Please return the completed form by email to: nvts@adam.com.au or by post to:

Noarlunga Volunteer Transport Service Inc.
P.O. Box 608
Noarlunga Centre, SA 5168

I,
(Person receiving services from Noarlunga Volunteer Transport)

of
(Address)

date of birth/...../.....

contact telephone number:.....

Email

authorise Noarlunga Volunteer Transport Service Inc. to release any personal or health related information relevant to me to the following third party/parties:

(Please tick relevant box and list the persons to whom the information may be released)

My General Practitioner

Clinic:.....

Name of your GP:..... Telephone Number:.....

Family Member

Name:..... Telephone Number:.....

Additional Person/s Specified by me

Name:.....

Relationship:..... Telephone Number:.....

Please note:

Due to privacy requirements, the Service is unable to release your personal or health information to a third party/parties without your authority to do so.

This authority to release information will expire when you cease to be a member of the service or at any time you notify the Service in writing of a change in your consent arrangements.

Signature:

Print name in full:

Signature:

Executive Officer or Staff Representative

Print name in full:

Date:/...../.....20.....