

Consent and Release of Information Form

I _____ (name/DOB) of _____ (address) give permission to RemOTe Rehab to obtain or release relevant information to and / or from the following persons:

Health Professionals / Organisations	<i>Please tick to indicate consent</i>
Uniting	
General Practitioner / Specialists - Name: - Contact information:	
Allied Health - Physiotherapy - Occupational Therapy - Speech Pathology - Dietician - Other:	
Other (please list) - Builder undertaking any minor home modifications - Equipment suppliers to obtain quotes for equipment	

- I also given permission to Remote to take photographs of my residence, person, equipment.
- I understand that the information and photographs will be respected as confidential and handled accordingly.
- I respect the right to access copies of any information to be transferred and to review this consent at any stage.
- An original of the form will be kept on the client's file at Remote Rehab.

Signature _____

Date _____

Name (printed) _____

Relationship to client (if signing on client's behalf) _____

Witness Name _____

Date _____

Witness Signature _____

Date _____