



Department of Justice & Community Safety

Justice Health

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Melbourne Victoria 3001
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DX 210085
justicehealth@justice.vic.gov.au

AUTHORITY FOR RELEASE OF HEALTH INFORMATION

I, _____ CRN: _____ DOB: _____
(print name)

Of, _____
(print address)

Hereby authorise Justice Health to supply a copy of the following health information:

(specify what health information you wish to be released):

- 1. Complete Medical History:** This includes all past medical diagnoses, treatments,
- 2. Current Medications:** A list of all medications you are currently taking, including dosages and frequency.
- 3. Laboratory Test Results:** Results from blood tests, urine tests, imaging studies (like X-rays, MRI, CT scans), and other diagnostic tests.
- 4. Treatment Plans:** Details of any ongoing or planned treatments, including therapy or rehabilitation plans.
- 5. Progress Notes:** Notes made by healthcare professionals during your visits, summarizing the findings, clinical evaluations, and plans for future care.
- 6. Specialist Reports:** Reports from any specialists you have consulted, such as cardiologists, neurologists, or oncologists.
- 7. Mental Health Records:** If applicable, include notes or summaries from mental health professionals.
- 8. Chronic Diseases Management Information:** Records related to the management of chronic conditions.
- 9. Emergency Room Records:** Details of any visits to the emergency room, including the reason for the visit and the outcome.

10. **Dental Records:** dental history and treatments.

To the person / company identified below:

Name / Company: Jackson Oppy

BAILS SAFE AUSTRALIA

Address: LEVEL 40, 140 WILLIAM ST

MELBOURNE VIC 3000

e. records@bailsafeaustralia.com.au

fax. +61390462187

Signature of person consenting: _____

Date: