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| Department of Health**Personal Information Protection Act 2004**This form applicable to personal information held by Department of Health and Tasmanian Health Service | Tasmanian Government logo |

# Consent to Share Personal Information

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| Applicants Details: |
| **Family Name:** |       | **Title:** |       |
| **Given Name(s):** |       |
| **Previous Name(s)**(Maiden/Alias Names if applicable) |       |
| **Date of birth** | Day:       | Month:       | Year:       |
| Day time contact information: |
| **Email:** |       |
| ***Current*Address:** |       |
| **STATE:**       | **POSTCODE:**       |
| ***Previous*Address:** |       |
| **STATE:**       | **POSTCODE:**       |
| **Telephone**: | Business       | Home       | Mobile       |

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| Proof of identity provided: | For the release of your personal information, you must provide photo identification or a copy of photo identification or a birth extract which has been certified as a true copy by a Justice of the Peace or a Commissioner for Declarations. |

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| Who do you consent to share this information with? |
| **You must list** full name of person OR name of Business Unit OR name of Government Agency etc |       |

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| Consent | I hereby certify that the details provided on this form are true and correct and made free of undue influence. I consent to a check of records of the Department of Health and to the release of this information to the nominated person(s).**Please note**: By signing this form you are consenting to the disclosure of your personal information to nominated person(s). Consent is for this request not to the future. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* |

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| Signature: |  | **Date:** |       /       /       |

### Privacy Statement

The Department of Health collects personal information provided in this form for the purposes of assessing your request for personal information. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on written request to the Department.

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| Office use only: |
| Received by: |  | Date |  | PIP reference no: |  |
| Identity certified |  | Yes | 🞏 |  | No | 🞏 |  |
| Assign to: |  | Notes |  |