



The *Privacy Act 1998 (Commonwealth)* restricts the pharmacy from disclosing or collecting personal information in respect of members and customers without their prior consent.

This form of consent when signed by each person authorises the pharmacy to disclose this personal information (including health information) held by the pharmacy to the person nominated and/or to collect personal information about the person nominated from a health care provider (only information necessary to provide this service will be collected).

I/We the person/s listed below, give permission to **Community Care Chemist Friendly Society Ltd** to

disclose

to:

(Insert name of person to whom information is to be disclosed)

or *(delete whichever is not applicable)*

collect

from:

(Insert name of health care practitioner from whom information is to be collected)

personal and sensitive health and medical information about me, including details of the prescriptions and/or other pharmaceutical products provided and or prescribed to me.

For the purpose of:

(Insert purpose of information being disclosed and/ or collected)

I acknowledge that such disclosure is given with my express consent and complies with any and all requirements imposed by the *Privacy Act 1998 (Commonwealth)* as amended, and other relevant laws and regulations.

Name	Signature	Date

Community Care Chemist Friendly Society Ltd refers to all members of the Community Care Chemist Friendly Society Ltd group that is Geelong, Belmont and North Geelong Pharmacies.