



Shop 2, Murray Street
GAWLER, SA 5118
Phone: (08) 8522 3877
Fax: (08) 8522 3955

(Only 16 and Older)
**Authority to Release Information to a friend or family
member on my behalf**

This signed consent will authorise Gawler GP Access staff to provide medical information to
the nominated person named below on your behalf.

I, _____ DOB: _____

Give permission for

_____ DOB: _____

To receive the following information in person or over the phone on my behalf:

Appointments bookings / history	YES / NO
Medical Record	YES / NO
Clinical Results	YES / NO
ANY / ALL information from my medical records	YES / NO

I will advise Gawler GP Access in writing if the above request changes in any way and will not hold Gawler GP Access responsible for any of the above information being released to the above person/s in my absence.

Signed: _____ Date: _____