



CONSENT TO RELEASE MEDICAL INFORMATION

In considering your Form 28 (exceptional circumstances parole application) or Form 29 (application for parole), the Parole Board Queensland (the Board) may require additional information in relation to your physical and/or mental health.

In order to obtain this further information, the Board requires your consent.

Completing the below authority will allow the Board to contact service providers such as:

- your GP;
- a Hospital and Health Service (HHS) provider;
- mental health provider such as a psychologist, psychiatrist; or
- any other medical specialist.

The purpose of contacting the service provider is to request a report outlining your medical history, your current medical status, any continuing health concerns and/or any factors relevant to your release onto parole including treatment needs and supports.

Please complete the below authority and return to the Board with your Form 28 or Form29 parole application.

AUTHORITY

I (print name)

DOB/...../..... IOMS #

Currently residing at [insert correctional centre]

hereby give consent to Queensland Health and/or other service providers to provide Parole Board Queensland, or a party approved by the Parole Board Queensland, information in relation to my medical and/or psychiatric history and treatment.

The information is required to assist with my application for parole.

This consent is to remain in force unless otherwise advised in writing, or upon completion of current correctional episode.

Signature:.....

