

MEDICAL CONSENT

In considering either a Form 28 (exceptional circumstances parole application) or Form 29 (parole application) 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,
- 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.

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.

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Signed

Date: