



GAWLER MEDICAL CLINIC

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Practice email is Reception1@gawlermedical.com
Can receive Argus email

THIRD PARTY DISCLOSURE CONSENT FORM

I DOB

Address

Hereby authorise the people whose names and signatures appear below

1. signature

2. signature

3. signature

to receive information in relation to my medical conditions/appointment.

Signed Date

Privacy Policy: Doctors and staff of Gawler Medical Clinic are all aware of the importance of patient confidentiality. Our privacy policy is available from reception. Health providers involved in your treatment may receive selected information from your personal health record. At no point is your information passed on to a third party for unsolicited contact.