Consent to Disclose or Release Information

I, _____ **(Full Name)**, hereby authorise my information to be released to:

Name/Organisation: _____

Address: _____

Phone: _____

Email: _____

The information to be released may include (but is not limited to):

Type of Information to Be Released

- ☐ Medical records
- ☐ Educational records
- ☐ Employment information
- ☐ Financial information
- ☐ Other (describe):

Purpose of Disclosure

- ☐ Continuing care/treatment
- ☐ Legal matter
- ☐ Insurance claim
- ☐ Personal request
- ☐ Employment/school requirement
- ☐ Other (specify):

Rights and Acknowledgments

☐ I understand that this authorisation is voluntary and that I may revoke it at any time by providing written notice to Racing Queensland, except to the extent that action has already been taken in reliance on it.

☐ I understand that information disclosed may no longer be protected once released.

☐ I understand that refusal to sign this form will not affect my rights to services, unless disclosure is required for those services.

☐ I have read and understand this authorization

This authorisation will expire on **date:** _____.

Signature of Individual: _____ **Date:** _____