

**centrelink**

### Child's details

You will need to provide a separate report for each child – contact us if you require additional reports.

Name

Date of birth  /  /  CRN  -  -  -

### Carer's details

Name

Address   
Postcode

Date of birth  /  /  CRN  -  -  -

Daytime phone number (  )

**This report must be completed by one of the following health professionals who are currently involved in the treatment of the child:**

- a legally qualified medical practitioner
- a registered nurse
- a physiotherapist
- a registered psychologist
- an occupational therapist
- a speech pathologist, or
- an Aboriginal health worker (in a geographically remote area)

### Instructions for the parent/guardian (carer)

- 1 Complete the details above.**
- 2 Make an appointment with the Treating Health Professional. When you make your appointment, please let the receptionist know that you will need this report completed.**  
The time taken to complete this report may be claimed by the treating doctor of the child under a Medicare item when included as part of a consultation. You may only be able to claim the consultation fee for other health professionals under private health insurance. If the Treating Health Professional does not bulk bill, your consultation fee may be more than usual because of the extra time taken to complete the report.
- 3 Privacy and your personal information.**  
Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services.  
Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.  
You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or by requesting a copy from the department.
- 4 Read and sign this authority to release information.**
  - I give permission for medical details and clinical notes about the child to be supplied to the Australian Government Department of Human Services.
  - I understand that the report will be used to assist in assessing a claim for Carer Payment for current and future carers OR establishing eligibility for a Special Disability Trust (SDT) and may need to be released to that person(s) by the Australian Government Department of Human Services.

Carer's signature

Date

/  /

- 5 Give this report to the child's doctor or Treating Health Professional to complete.**

### Instructions for the Treating Health Professional

**This report may be used to decide eligibility for Carer Payment and Special Disability Trust beneficiary status.**

#### Payment for your report

We have asked the carer of the child to let you know at the time of making their appointment that they require you to complete this report. This is to make sure you have sufficient time for the examination.

The time taken to complete the medical report may be claimed under a Medicare item when included as part of a consultation.

#### Completing this report

In this report you will be asked to provide details of the child's medical condition(s). Please complete all the required questions in this report. If you have any questions about this report, you can call us on **132 717**.

#### Carers with more than one child with a disability or medical condition

##### Carer Payment

Carers may qualify for a single rate of Carer Payment for 2 or more children OR 1 or 2 children and a disabled adult whose combined care assessment meets the eligibility requirements. A separate report will be required for each child.

**Thank you for your assistance**



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**15 Release of medical information about the child requiring care**

The *Freedom of Information Act 1982* allows for the disclosure of medical or psychiatric information about the child requiring care in certain circumstances. If there is any information about the child in your report which, if released, may harm their physical or mental well-being, please identify it and briefly state below why it should not be released. Similarly, please specify any other special circumstances which should be taken into account when deciding on the release of your report.

Is there any information in this report which, if released, might harm the child's physical or mental well-being?

No  Go to next question

Yes  Identify the information and state why it should not be released.

Large dashed-line text area for providing details if the answer to question 15 is 'Yes'.

**Please return this report directly to us after completing your details at question 18.**

**16 Confidentiality of information** The personal information that is provided to you for the purpose of this report must be kept confidential under section 202 of the *Social Security (Administration) Act 1999*. It cannot be disclosed to anyone else unless authorised by law. There are penalties for offences against section 202 of the *Social Security (Administration) Act 1999*.

**17 IMPORTANT INFORMATION**

**Privacy and your personal information**

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or by requesting a copy from the department.

**18 Details of the Treating Health Professional completing this report**

Please print in BLOCK LETTERS or use stamp.

Name

Text box for Name

Professional qualifications

Text box for Professional qualifications

Address

Text box for Address with Postcode label at the bottom right

Contact phone number

Text box for Contact phone number with parentheses for area code

Provider Number (if applicable)

Text box for Provider Number

Name of health or disability service employer (if applicable)

Text box for Name of health or disability service employer

Signature

Text box for Signature with a pen icon

Date

Text box for Date with slashes for day/month/year

Stamp (if applicable)

Large empty text box for Stamp

**Returning this report**

**You can give this report and any attachments to the carer or you can return this report directly to us. However, if you answered 'Yes' at question 15, please make sure to return this report directly to us.**