

Educational Case Management

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OCCUPATIONAL THERAPIST

Hasia Brown Provider No: 5164432F

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SPEECH PATHOLOGISTS

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ALLIED HEALTH THERAPISTS

Sara Nicholas
Morgan Noack
Melissa Spinks

ADMINISTRATION ASSISTANT

Bianca Walkley

Authority to Release Information

By signing the “*Authority to release information*” form, you are giving Educational Case Management Pty Ltd (ECM) consent to obtain relevant medical records, reports and/or statements from your treating medical practitioner, allied health professional and/or other professional persons involved in your care. The purpose of collecting this health information is to assist ECM practitioners in supporting you and determining ‘best practice’.

I
(FULL NAME OF PERSON) (DATE OF BIRTH)

Of
(ADDRESS)

hereby authorise
.....
(NAME OF PERSON YOU ARE SEEKING INFORMATION FROM)

*to provide medical records, reports and/or statements as required to **ECM providers** at 56 Hudson Street Hamilton 2303 NSW. PH: 02 49698060; info@psychologistnewcastle.com.au.*

Signed
(SIGNATURE OF PERSON AUTHORISING RELEASE OF INFORMATION)

Authority obtained and signature witnessed by me at

Signed.....
(WITNESS)