

Consent to Exchange & Release Information

Privacy legislation covers how your personal and health information is collected, stored, accessed and used, and the circumstances under which it can be disclosed to someone else. These laws were developed so that you can be sure that the personal information collected from you is used to help provide better services to you and your family.

To allow Discovery Holidays to provide you with the best possible guest support and care services, we need to collect and use some of your personal information. To do this we require you or your nominated representative to complete and sign a Guest Services Plan. You may be asked for your consent for your personal information to be sought from another agency to assist with the assessment of the services that would be the most appropriate for you.

Please fill out the form below to consent to Discovery Holidays staff to liaise with nominated individuals or agencies where required to collect personal information relevant to the delivery of holiday guest services whilst you are on holiday.

GUEST CONSENT – for release and exchange of personal information

I _____ [Please print your full name(s) here]

Voluntarily authorise Discovery Holidays to:

- | | |
|---|--------------------------|
| a) request and obtain my personal information from the agencies named below; and/or | <input type="checkbox"/> |
| b) Exchange my personal information with and between the agencies named below. | <input type="checkbox"/> |

to assist Discovery Holidays in assessing care and support needs and to provide guest services whilst on holiday.

OR

GUARDIAN / PARENT(S) / CARER(S) CONSENT – for release and exchange of personal information

I / We [delete applicable] _____ [insert full name(s) here]

Voluntarily authorise Discovery Holidays to:

- | | |
|--|--------------------------|
| a) request and obtain personal information of _____ [insert guest's full name(s)]
from the agencies named below; and/or | <input type="checkbox"/> |
| b) exchange the personal information of _____ [insert guest's full name(s)]
with and between the agencies named below. | <input type="checkbox"/> |

to assist Discovery Holidays in assessing care and support needs and to provide guest services whilst on holiday.

AUTHORISED AGENCIES –

Agencies authorised to release to and exchange your personal information with Discovery Holidays.



INSERT AGENCY DETAILS



I understand that my consent will continue until I advise Discovery Holidays in writing that I have withdrawn my consent.

SIGNATURES – Authorised representative to sign below

Full Name (Guest):	INSERT NAME	Signature:	SIGN HERE	Date:	/ /
Full Name (Guardian):	INSERT NAME	Signature:	SIGN HERE (IF APPLICABLE)	Date:	/ /
Full Name (Guardian):	INSERT NAME	Signature:	SIGN HERE (IF APPLICABLE)	Date:	/ /