



SA Dental
Client Relations Unit
GPO Box 864
Adelaide SA 5001
Ph: (08) 7117 0052
Email: HealthSADSPublic@sa.gov.au
www.dental.sa.gov.au

CONSENT TO SHARE INFORMATION

I (First Name) (Last Name)

Date of Birth UR Number (if known)

Address

Postcode Phone

I give permission for SA Dental to share information about my dental care and appointments with:

..... (First Name) (Last Name)

Address

Postcode Phone

Table with 2 columns: checkbox, description. Rows include: My Substitute Decision Maker, A Guardian appointed by the South Australian Civil and Administrative Tribunal (SACAT), A Relative, A Person Responsible, A Support Worker.

I understand that I must contact SA Dental in writing if I no longer want my SA Dental client information to be shared with the person named on this form

Signature of SA Dental client

Print name

Once you've completed this form, you can

- > leave it with staff at your local clinic
> email it to HealthSADSPublic@sa.gov.au
> post it to: Client Relations Unit, SA Dental, GPO Box 864, Adelaide SA 5001

Clinic contact details are available on our website: www.dental.sa.gov.au/find-a-clinic

Partnering with carers in health care

SA Health is committed to partnering with carers. The SA Health Partnering with Carers policy was developed with Carers SA and carer representatives to reflect the priorities and needs of unpaid carers and establish principles and standards. The policy identifies what is important to carers, based on feedback from carers and includes clearly defined roles and responsibilities for SA Health staff. Further information is available at www.sahealth.gov.au

Privacy

To make sure our clients receive the best possible care, we often need to gather and keep sensitive and private information about them. Everyone who works and volunteers for SA Dental must keep information private under federal law and follow the SA Health Privacy Policy Directive available at www.sahealth.gov.au