



BLACKBUTT

CLINICAL CENTRE

Level 1
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New Lambton NSW 2305
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Change to Third Party Consent for Patients of Blackbutt Clinical Centre

I (Name): _____ Date of Birth: _____

Of (Address): _____

Request the following changes/removal (cross out whichever is not applicable) to third party consent for:

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

- Not authorised** to take calls
- Not authorised** to receive results
- Not authorised** to make, confirm, change or cancel appointments
- Not authorised** to access and request copies of my file
- Not authorised** to collect and request letters, request for pathology and forms etc.
- Not authorised** to make or receive any other enquiries or correspondence from any Doctor, Nurse or Administrative staff member at Blackbutt Clinical Centre.

I understand that until I receive written confirmation from the surgery that these changes to third party consent will not be in effect.

Patient Name: _____ Date: _____

Signed: _____