



City of Whittlesea

To: Manager, Health Services
City of Whittlesea
Locked Bag 1
BUNDOORA MDC 3083

Dear Sir

CONSENT TO DISCLOSE INFORMATION (HEALTH ACT PREMISES)

I/We _____
(Name of Registered Proprietor/s in block letters)

being the proprietor/s of health premises at:

(Address of Health Premises)

Within the City of Whittlesea **HEREBY CONSENT** to the disclosure of any information and the publication of any documents in your possession or power relating to the said Health Premises, whether the information or the documents were obtained in connection with the administration of the Health Act 1958 or otherwise.

To: _____
(Name of the person to whom the information or document is to be disclosed or published)

Of: _____
(Address of person to whom the information or document is to be disclosed or published)

Phone: _____

(Signature of Proprietor)

(Signature of Proprietor)

(Name of Proprietor in block letters)

(Name of Proprietor in block letters)

(Date)

(Date)

NOTE: ALL PROPRIETORS OF THE HEALTH PREMISES MUST SIGN THIS CONSENT