

Consent Authorisation – Injured person, or person with lawful authority on their behalf.

Please read the document carefully before signing. **The person who signs this form must be over 18.**

The Lifetime Support Authority may need to speak with and obtain information/documents from a number of different sources in order to assess eligibility and, if eligible, to determine the necessary and reasonable treatment, care and support required by the injured person.

The persons/agencies that the Lifetime Support Authority may need to speak with and obtain documents/information from include: any doctor, ambulance service, hospital or other service provider; health practitioners; departments, agencies or instrumentalities of the Commonwealth, the State or another State, administering laws about health, insurers or legal representatives.

Where the applicant has impaired decision making capacity, consent can be given on behalf of the injured person by a 'person responsible'. A person responsible is a guardian, relative, spouse, domestic partner or an adult friend with a close and continuing relationship with the applicant.

I authorise the Lifetime Support Authority to speak with and obtain information/documents from any of the persons/agencies listed above. I understand that the information obtained may include general, personal and medical information.

I am signing this consent as:

Injured person (the applicant)

Legal Guardian of injured person under the *Guardianship and Administration Act 1993* or *Advance Care Directives Act 2013*

Parent (if injured person is under 18)

'Person Responsible' in accordance with the *Consent to Medical Treatment and Palliative Care Act 1995*

Signature of injured person or Person Responsible

Name of injured person

Date

Name of the person signing on behalf of the injured person (if applicable)

SUBMIT FORM

Lifetime Support Authority

Ground Floor, Wakefield House
30 Wakefield Street, Adelaide SA 5000

PO Box 1218, Adelaide SA 5000
Email: LSANotifications@sa.gov.au