

# CONSENT TO RELEASE PERSONAL OR HEALTH INFORMATION (STAFF)



*This form is to be used where the University receives a request from a Western Sydney University staff member to release their own records or information. It is to be used in conjunction with the University's Personal and Health Information Guidelines and Privacy Management Plan, as well as the Privacy and Personal Information Protection Act 1998, the Health Records and Information Privacy Act 2002 and Western Sydney University policies at all times.*

## **IMPORTANT NOTE TO STAFF MEMBER**

*Please read this form carefully and review carefully the information you give us your consent to release. You can choose to release a limited amount of information as indicated below, or release all information held by the University about you as a staff member.*

*Please note that this form only allows us to release the requested information to you, not to any third parties.*

## **Your staff details**

<b>Family name</b>				
<b>Given name</b>				
<b>Staff ID (if known)</b>				
<b>Contact address</b>	<b>No and street address</b>			
	<b>City/suburb</b>		<b>Postcode</b>	
<b>Telephone</b>	<b>Home or business</b>		<b>Mobile</b>	
<b>Date of birth</b>				

*NB Western Sydney University reserves the right to require the authorised person or organisation to present proof of identity or credentials (including photo identification)*

I authorise Western Sydney University to release to me the following records or information about me [*check below which information you agree can be released*]:

## **Information Details**

### **Limited information**

#### *Employment information*

- All personal information, including name, age, race, gender, address and other contact details
- Duration of employment at the University
- Position(s) at the University held (including information about performance evaluations, promotion, disciplinary action)
- Salary information, including superannuation, employee benefits, redundancy, retirement or other employment separation payments
- Leave information (type and length of leave, leave balances)
- Information relating to my health while an employee (including any medical or other health records, counseling records, information relating to any assistance or integration plans, workers compensation or other claims)
- Other [*please specify below*]

Information Details

Limited information

Employment information

All information

- All records and information held by the University concerning my employment (including all of the above)  
*NB: This will include all system-generated correspondence, bulk emails, administrative documents, etc.*

Time Period

Please specify period of time to which the information relates

- Between these dates **[dd/mm/yyyy]** and **[dd/mm/yyyy]**
- All times during my employment at Western Sydney University

Signature \_\_\_\_\_ Date \_\_\_\_\_