

Medical Release Consent Form

This consent form is designed to protect the privacy of individuals and to ensure that Ausco Modular is transparent about how it handles personal information. Your personal information will not be shared, sold, rented or disclosed other than as described in this consent form.

By signing this consent form, you are giving Ausco Modular permission to collect and use your medical information for the purposes listed above. You understand that you have the right to inspect and copy your medical information, request that it be corrected if it is inaccurate or incomplete, request that it be restricted from being released to third parties and revoke your consent for Ausco Modular to collect and use your medical information.

To learn more about Ausco Modular's Privacy Policy, click [here](#).

If you have any questions about this consent form, please contact Ausco Modular at privacy@ausco.com.au.

I, (name) _____, understand that Ausco Modular may collect and use my medical information for the following purposes:

- To comply with Ausco's contractual obligations
- For administrative and billing purposes
- To comply with applicable laws, policies and regulations
- Determining your suitability for the role

I also understand that Ausco Modular may release my medical information to third parties for the following purposes:

- To third-party companies for the purpose of meeting contractual obligations and Work, Health and Safety requirements
- To insurance companies for the purpose of processing claims
- To government agencies for the purpose of obtaining or enforcing compliance with laws

I understand that I have the right to:

- Inspect and copy my medical information
- Request that my medical information be corrected if it is inaccurate or incomplete
- Request that my medical information be restricted from being released to third parties
- Revoke my consent for Ausco Modular to collect and use my medical information

If you do not give us the information we seek

- We may be limited in our ability to allow you to work with us as a subcontractor
- We may be limited in our ability to place you onsite for particular projects

I have read and understand this consent form. I voluntarily consent to Ausco Modular collecting and using my medical information for the purposes stated above.

[Signature]

____/____/____

[Date]