



# MEDICAL BENEVOLENT ASSOCIATION OF NSW

*By Doctors for Doctors since 1896*

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## PERMISSION TO RELEASE CONFIDENTIAL INFORMATION

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

I give permission for Mrs Meredith McVey, Social Worker, Medical Benevolent Association of NSW, to contact

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Regarding: \_\_\_\_\_

I understand that this communication may disclose information about assistance I have received from the Medical Benevolent Association of NSW.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_