



Chiropractic
Dental
Medical
Nursing and Midwifery
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Notification number:

29 July 2011

Private and Confidential

Dear Mr

Notification received about Dr

Thank you for your notification about Dr which was received by the Australian Health Practitioner Regulation Agency (AHPRA) on 28 July 2011.

AHPRA is responsible for managing notifications received about registered health practitioners or students on behalf of the Medical Board. Further information about AHPRA may be accessed at www.ahpra.gov.au.

One of the main purposes of the *Health Practitioner Regulation National Law (Victoria) Act 2009* (the National Law) under which the Board operates, is to protect the public. To achieve this purpose, the Board registers practitioners who are qualified and fit to practise, regulates standards of practice in the profession, and investigates the professional conduct, professional performance and ability to practise of registered practitioners.

To progress your notification, we require you to complete the attached Consent authorisation form A and return to AHPRA, GPO Box 9958, Melbourne, VIC 3001.

Once the further information sought has been received, your notification will be assessed and the Board will decide whether to:

- take no further action;
- refer the matter to another entity such as the Office Of The Health Services Commissioner;
- commence an investigation into the matter;
- issue a caution, accept an undertaking, suspend or impose conditions on the practitioner's registration;
- require the practitioner to undergo a health or performance assessment;
- establish a 'performance and professional standards panel' or 'health panel' to decide the matter; or
- refer the matter to the Victorian Civil and Administrative Tribunal for a hearing.

AHPRA will facilitate a timely assessment of your concerns. As part of the assessment process the notification may be referred to Dr for their response.

Should you wish to discuss the progress of your notification, please contact us on 8708 9284 quoting the notification number above.

Yours sincerely

Emily Marshall
Notification Department
Enc Consent authorisation form A

Australian Health Practitioner Regulation Agency

GPO Box 9958 | [city] [state] [postcode] | www.ahpra.gov.au

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Consent authorisation form A

This form is to be completed by the patient.

If you are not the patient, please complete the form on the next page


I, _____ born on the _____ day of the _____ month _____
(your full name) (day) (month) (year)

hereby consent for the Australian Health Practitioner Regulation Agency and the relevant health practitioner Board as defined under the Health Practitioner Regulation National Law to be authorised to:

1. access information, including my health records, related to the notification to the Board
2. provide my health records and other relevant information to the practitioner who is the subject of the notification in order to obtain a response
3. provide my health records and other relevant information to another entity if the Board decides to refer the matter to another entity under the National Law
4. provide my health records and other relevant information to any necessary experts in order to obtain expert opinions in relation to the notification and associated issues.

Print your name

Your signature



Date

 / /

Notifications number: _____