

I, agree to the assignment of the Medicare benefit directly to Dr Himani Kariyawasam

Details of the telehealth consultation to be claimed with Medicare:

Item number: .....

Date and time of consultation: ..../....../202., ... ..: am/ pm

Patient name.....

Health professional name: Dr. Himani Kariyawasam

**Privacy note:** Your personal information is protected by law, including the Privacy Act 1988, and is collected by Services Australia for the assessment and administration of payments and services. This information is required to process your application or claim. Your information may be used by the agency, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations). You can get more information about the way in which the agency will manage your personal information, including our [privacy policy](#).