Australian Government

Comcare

PUTTING YOU *FIRST*

# ACCESS TO LEAVE AND RELEASE OF COMCARE PAYMENTS

## DISCLOSING AND SHARING OF INFORMATION

Comcare needs to collect your personal information for the purpose of determining and managing your compensation claim and to assist Comcare in the performance of its functions and exercise its powers under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act).

Your personal information may also be used by Comcare for the purposes of administering and enforcing other legislation administered by Comcare including the *Occupational Health and Safety Act 1991* (OHS Act) and associated regulations.

In the course of managing your claim, Comcare may need to disclose your personal information to the following third parties:

- your employer at the date of injury and any subsequent employer
- your superannuation fund manager or trustee
- any health professional, hospital or other health institutions
- your case manager
- your rehabilitation provider
- vocational and functional assessor
- employment agencies
- legal advisers, persons engaged by Comcare to conduct research related activities
- the Safety, Rehabilitation and Compensation Commission
- Investigators appointed under section 40 of the OHS Act
- any relevant third party (or insurer) considered by Comcare to have contributed to the injury
- any other person assisting Comcare in the performance of its functions or exercise of its powers.

In the course of managing your claim, Comcare and the above parties may have occasion to disclose records containing your personal information to one another.

I _____

*(Employee's full name)*

of _____

*(Employee's full private address)*

Date of birth / / request _____

*(Name of your organisation)*

to grant me access to my _____

*(Type of)*

leave entitlements pending determination of my compensation leave by Comcare.

In the event that my claim is accepted I authorise _____

*(Name of your organisation)*

to re-credit my leave, and to recover any salary that has been advanced to me for that leave from compensation payments received from Comcare.

*(Employee to strike out whichever is not applicable)*

1. This approval is for all leave claimed in relation to my

Claim number _____ Details of claim _____

OR

2. This approval is for the period/s of leave specified below:

/ / to / /

/ / to / /

/ / to / /

Signature _____ Date / /

*(Employee)*