



Authority and consent for the release of medical information

Privacy and personal information

Comcare needs to collect personal information about you to determine your entitlement to compensation and to perform other functions required by the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act).

In the course of managing your claim, Comcare may need to disclose your personal information to the following third parties: your employer, medical practitioners and other health professionals, rehabilitation service providers, legal advisers and law enforcement authorities, and other government entities where there are obligations under law to do so.

In the course of managing your claim, Comcare, your employer, medical practitioners and other health professionals, rehabilitation service providers, legal advisers and law enforcement authorities, and other government entities where there are obligations under law to do so, may have occasion to disclose your personal information to each other.

For more information call **1300 366 979** or visit Comcare’s website at www.comcare.gov.au

I _____
(Employee’s full name)

of _____
(Employee’s full private address)

Date of birth / / Claim Number

hereby authorise and consent to any doctor, health professional, hospital or other health institution or rehabilitation provider which has examined/treated me for:

_____ (Injury or condition)

to discuss with and provide to Comcare, my Employer and/or Employer appointed Rehabilitation Provider, any reports, clinical notes or other relevant information relating to this or similar or related conditions.

I authorise and consent to any doctor, health professional, hospital or other health institution, my employer (including my case manager or employer appointed rehabilitation provider), Comcare or any third party (or its insurer) considered by Comcare to have contributed to the injury or condition, collecting my personal medical information from or disclosing or releasing records containing my personal medical information, or discussing with or providing medical information about me, to one another.

I understand that the medical information is required for the purposes of determining and managing my compensation claim, to assist with my treatment and/or assessing my suitability to undertake a rehabilitation program and/or to assist Comcare in any actions authorised under the SRC Act.

I authorise and consent to a photocopy of this Authority being sufficient evidence of my authority and consent to discuss or provide the medical information requested.

Signature _____ Date / /
(Employee)

Refusal to give authority

If you refuse or fail, without reasonable excuse, to allow Comcare, your employer or appointed Rehabilitation Provider to collect, use and disclose your personal medical information, Comcare may be prohibited from dealing with your claim as the information is necessary in order to manage and determine your claim for workers’ compensation, to assist with treatment and/or assess your suitability to undertake a rehabilitation program and/or to perform other functions required by the SRC Act.