Australian Government

Comcare

PUTTING YOU *FIRST*

AUTHORITY AND CONSENT FOR THE COLLECTION AND RELEASE OF MEDICAL INFORMATION PERTAINING TO MY CLAIM

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.

YOUR AUTHORITY FOR THE COLLECTION OF MEDICAL INFORMATION

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 who has examined/treated me for:

_____

(Injury or condition)

to discuss with and provide to Comcare, any reports, clinical notes or other relevant information relating to this, or other related conditions.

I authorise and consent to any doctor, health professional, hospital or other health institution, Comcare and the above mentioned parties disclosing, releasing, or discussing records containing my personal medical information, between 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 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 and the above parties to 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 to perform other functions required by the SRC Act.