Australian Government

Comcare

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

PRIVACY STATEMENT

Your privacy is important to us. We will only collect, use or disclose your personal information in accordance with the *Privacy Act 1988*. If Comcare does not collect personal information from you for the purposes of assessing your claim or related functions, we may not be able to determine your claim.

Comcare is the Commonwealth agency authorised by the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) to collect personal information relevant to an injured worker's claim for the purposes of managing the compensation claim and for the management of the injured worker's rehabilitation and the discharge of other functions and use of other powers under the SRC Act. For those purposes, Comcare may need to collect from, use and disclose your personal information to the following parties:

- your employer at the date of your injury, your current employer and any subsequent employer
- your superannuation fund manager or trustee
- any health professional, hospitals, other health institutions, or service providers related to your claim
- your case manager
- your rehabilitation provider
- vocational and functional assessor
- employment agencies
- legal advisors and law enforcement authorities
- personnel engaged by Comcare to conduct research related activities
- the Safety, Rehabilitation and Compensation Commission
- Comcare fraud investigators
- inspectors appointed under section 156 of the *Work Health and Safety Act 2011*
- any relevant third party (or insurer) considered by Comcare to have contributed to the injury, illness or impairment
- any other person assisting Comcare in the performance of its functions or exercise of its powers
- any other entity where there is legal obligation to do so (for example, but not limited to, responding to the direction of a court to produce documentation)

We want to ensure personal information collected, used, stored or disclosed is accurate, up-to-date and complete. Comcare's Privacy Policy contains information on how you can request access to personal information held about you and how to seek correction of that information.

You may make a complaint to us if you consider that Comcare has interfered with your privacy or otherwise breached its obligations under the *Privacy Act 1988*. Our Privacy Policy contains more information about how to make a complaint and how we will respond.

Comcare is not likely to disclose personal information to a person who is not in Australia or an external Territory, unless the information relates to an incident, investigation, injury or illness sustained while overseas, or treatment provided by an overseas practitioner. If disclosure of personal information is made to an overseas recipient, Comcare will comply with obligations regarding disclosure to overseas entities (Australian Privacy Principle 8).

For further information about our information handling practices, for a copy of our Privacy Policy, to request an amendment of your personal information or to make a privacy complaint, please refer to www.comcare.gov.au/privacy, contact us on 1300 366 979 or email privacy@comcare.gov.au

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.