

This form is to obtain consent for WorkCover Queensland to provide certain information about you, to a third party (i.e. your insurer or their legal representative, superannuation fund etc.), in relation to your WorkCover claim/s.

Third parties may obtain your personal information from WorkCover Queensland (including electronically), with this consent.

This authority is only valid for 12 months from the date signed unless the authority is expressly withdrawn. Requests for any other type of information should be made under the *Right to Information Act 2009* (RTI).

Apply for information

-  **Online** at workcoverqld.com.au
-  **By fax** to 1300 651 387
-  **By post** to GPO Box 2459, Brisbane Qld 4001

We will respond within 20 business days from the date we receive your application.

For more information, visit our website at workcoverqld.com.au/privacy or call us on 1300 927 928.

Part 1 – third party details

1 Business name of third party

2 Please tell us if the third party is:-

- ☐ a CTP insurer
- ☐ a superannuation fund
- ☐ an income protection insurer
- ☐ a public liability insurer
- ☐ a government department
- ☐ a local council
- ☐ a self-insurer
- ☐ other (please state)

3 Full name of person requesting information

4 Position

5 Contact details

6 Postal address (where the released information will be sent)

7 Are you a lawyer or agent acting on behalf of the third party?

- ☐ No
- ☐ Yes – if yes, please attach a copy of the third party's authority to release this information to agent

Business name of firm/agent

Part 2 – injured workers details

8 Last name

9 Given names

10 Date of birth / /

11 Date/s of injury / /

12 Claim number for file to be released

If more than one claim, please list additional claims below

Or ☐ tick if you authorise a copy of all claim files held by WorkCover Queensland to be released

13 Please specify the type of information you are consenting to release:-

(tick all that may apply)

- ☐ a complete copy of the file/s
- ☐ the payment/recoveries report
- ☐ incoming/outgoing correspondence
- ☐ allied health reports and provider management plans
- ☐ doctors reports
- ☐ employer reports
- ☐ hospital/surgical requests
- ☐ medical certificates
- ☐ radiological reports
- ☐ regulator correspondence (requests, decisions etc.)
- ☐ suitable duties plans/return to work services reports

WorkCover cannot guarantee that the particular information you are seeking will be coded according to the type you request. For this reason, you may wish to request all types of information.

Part 3 – privacy notice and declaration to the third party

By submitting this form, the third party acknowledges and agrees:

- that WorkCover Queensland cannot control the use of the personal information once it is disclosed;
- that WorkCover Queensland is subject to strict legal obligations relating to privacy and it accepts full responsibility for all consequences of requesting the worker's information
- not to disclose any of the worker's personal information that is disclosed to it by WorkCover Queensland.

Part 4 – privacy notice and declaration to the injured worker

By signing this form, you are authorising WorkCover Queensland to release your personal information to a third party.

WorkCover Queensland is collecting your personal information in order to process this request for information. This form may become part of the claim or policy file and may be released under an administrative process. Generally, your personal information will not be given to any other person unless you have given your consent, or we are authorised or required by law.

For more information on privacy, visit our website at workcoverqld.com.au/privacy or call us on 1300 927 928.

Injured worker's statement

I confirm I am the injured worker (or agent) and I authorise WorkCover Queensland to release the personal information specified in this form to the third party.

I have read and understand the privacy notice.

Full name
Signature:
Date / /