



## AUTHORITY TO RELEASE INFORMATION: GENERAL

### Client details

Client name

Claim number

Client address

Date of birth

Date of accident

Postcode

### Authorisation

Client, parent or guardian's full name

I,

Address if different from above

authorise the TAC to contact and obtain information and documents relevant to my transport accident injuries or any injury or condition that existed before the transport accident and has been affected as a result of the accident from:

- Any doctor, ambulance service, hospital or other health service provider
- An insurer carrying on business of providing Worker's Compensation insurance or motor vehicle insurance
- A department, agency or instrumentality of the Commonwealth, the State, or another State, administering police, taxation, Medicare Australia payments or social welfare laws.

I further authorise the Transport Accident Commission to contact and obtain information and documents relevant to any financial loss suffered as a result of the accident from:

- My employer (or previous employer)
- My accountant
- Financial institutions

I consent to each of the persons and bodies mentioned in this authority providing the relevant information to the TAC to assist in the management of my claim for compensation.

Signature of client, parent or guardian

Name

Date

**If the client is unable to sign this form due to a medical condition please complete the following**

Signature of person representing the client

Name

Date

Relationship to client, e.g. parent/guardian, administrator, power of attorney



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### Important notes

This authority allows the Transport Accident Commission (TAC) to obtain any records or information which may affect your claim.

Please complete and return this form within 14 days in the reply paid envelope provided.

### Your privacy

The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information.

Without this information, the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment.

This information may be provided to the TAC upon being provided with a clear photocopy or imagery reproduction of this authority.

The *Transport Accident Act 1986* (the Act), states that when requested to by the TAC, a person must sign an authority to release information form. The Act also says that an authority to release information form cannot be revoked until a claim is finally determined.

The TAC will only use this form to collect relevant information for processing, assessing or managing your claim and we will always advise you when we use the form to seek relevant information.

If you do not sign the authority to release information form, the TAC may not be able to make a decision about your entitlement to TAC benefits.

The TAC may disclose the personal and health information it has obtained about you where this is required by law or where this is necessary to manage your claim for compensation. Relevant information may be disclosed when this is necessary to:

- Medical and health service providers
- Your employer
- A solicitor acting in relation to your claim
- Other government agencies, such as the Victorian WorkCover Authority; a court or tribunal
- A person you authorise to obtain the information.

If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at [www.tac.vic.gov.au](http://www.tac.vic.gov.au)