



## CLAIMANT CONSENT FOR COLLECTION AND RELEASE OF INFORMATION

### Claimant details

Name:  
Address:

Date of Birth:  
Date of Accident:  
Claim number:  
Case Manager:  
Employer:

Injury Description, Site, Side:

I authorise Wellnz, on behalf of my employer, to obtain medical and other records that are or may be relevant to my claim. This may include obtaining information from ACC about other injuries that may be relevant to my claim. I understand that this information will only be used to meet the requirements of the Accident Compensation Act 2001.

I understand that in the collection, use and storage of this information, Wellnz on behalf of my employer, will at all times comply with the guidelines of the Privacy Act 1993 and the Health Information Privacy Code 1994.

I understand that I have the right to access and ask for the collection of any information that Wellnz on behalf of my employer holds about me.

#### **Authority period**

**This authority is valid for the period of 12 months, starting from the date you or your representative signed this form. You will need to complete a new consent at the end of this period.**

#### **Claimant's declaration**

**I declare that the above information is correct and I have not withheld any information likely to affect my application.**

\*Claimant's signature .....Date ...../...../.....

#### **Claimant's representative's declaration (if appropriate)**

Representative's Name.....

What is your relationship to the claimant?.....

Why is the claimant unable to sign this form?.....

I declare that to the best of my knowledge, the above information is correct, and that I have the authority of the claimant to sign this form.

\*Claimant's representative's signature .....Date ...../...../.....

**\*Must be completed – Please note that without signed consent Wellnz may not be able to provide you with any ongoing entitlement.**

## Collection and release of information

As you are aware your employer is a member of the ACC Accredited Program and Wellnz is their authorised agent to manage workplace injury claims. The relationship between the parties means that we all have an obligation to be honest with each other and work as hard as possible to help you return to independence. We will provide you with information about how we can help you, and in return you will need to allow us access to the information we need to provide assistance. This may include personal information, health related information, accident details and earning details.

## The legislation

When handling personal information collected in relation to a claim, your employer/Wellnz is bound by the Privacy Act 1993, the Official Information Act 1982 and Health Information Privacy Code 1994. Information may only be collected or released to enable us to carry out our functions under the Accident Compensation Act 2001.

## Privacy principles

When your employer/Wellnz collects or releases information about you, there are certain rules under the privacy legislation which apply:

- Your employer/Wellnz may only collect personal information needed in order to assess your entitlement to assistance.
- Information must be kept secure.
- You have the right to access, and ask for the correction of, any information about you, which is held by your employer/Wellnz.
- Information is only used for the purpose for which it was collected.
- There are limits on what information can be collected and released by your employer/Wellnz.

## Collection of information from other sources

We will collect as much information as we can directly from you. However, we may also need to get information about you from other sources. Depending on the nature of your claim, this may include obtaining medical details from your treatment providers and previous earning details. We need your consent for those people to release information to us. Without your consent we cannot collect this information and therefore may not be able to determine whether you have cover or assess your need for assistance. This means that you could miss out on assistance you may require.

## Release of information

Your employer/Wellnz may need to release information to agencies that carry out assessments on our behalf, treatment providers or employers, that help us to assess your individual needs for treatment and rehabilitation services.

Your employer/Wellnz does not require a specific authority to release information to a provider or assessor, providing the information is being used for the purpose for which it was originally gathered, that is, the management of your claim.

## Requesting information

Under the Privacy Act, you are entitled to request copies of the personal information held by your employer/Wellnz about you.

## Correcting information

You are entitled to ask your employer/Wellnz to correct any personal information you consider is wholly or partially inaccurate or misleading.

## Concerns or questions

If you have any questions about what information will be collected, or how it will be used, in the first instance you should talk to your case manager. If you have any concerns about the way in which your employer/Wellnz has handled your personal information, you should also talk to your case manager. If you still have concerns, you have the right to lodge a complaint with the Privacy Commissioner.