

AUTHORITY TO PROVIDE INFORMATION AND DOCUMENTS

I, _____
(full name)
of _____
(street)
_____ (suburb/town) _____ (postcode)

authorise the workers' compensation insurer to obtain information and documents relevant to the accompanying Notice of Claim for Damages in the possession of the following, in accordance with section 275(7) of the *Workers' Compensation and Rehabilitation Act 2003*:

- (a) a hospital; or
- (b) the ambulance service of the State, or another State; or
- (c) a doctor, provider of treatment or rehabilitation services or person qualified to assess cognitive, functional or vocational capacity; or
- (d) an employer, or previous employer; or
- (e) insurers that carry on the business of providing workers' compensation insurance, compulsory third party insurance, personal accident or illness insurance, insurance against the loss of income through disability, superannuation funds or any other type of insurance; or
- (f) a department, agency or instrumentality of the Commonwealth or the State; or
- (g) a solicitor, other than where giving the information or documents would breach legal professional privilege.

Claimant's signature: _____

Date: _____ / _____ / _____