

Consent Authority

Claim number:

Incident date:

(Office use only)

The Insurance Commission of Western Australia collects your personal information through this form to assess and manage your claim. During the course of your claim, we will continue to collect other personal information from you and/or other relevant parties (including hospitals, medical providers, employers, injury management and rehabilitation professionals etc) for the same purpose. Your information may be shared with other authorised parties where necessary and authorised by law. By completing and submitting this form, you acknowledge the collection, use, and disclosure of your personal information for these purposes. For further details on how we handle your personal information, please read our Privacy Policy at icwa.wa.gov.au/privacy.

Important: You are not obliged to provide consent, however, failure to consent to the disclosure of information as set out below may delay a decision by the Insurance Commission.

Claimant details

Family name:	Given name(s):
Date of birth:	
Phone:	Email:
Address:	

Authority (If claimant is under 18 years of age, the authority must be signed by a parent or guardian.)

I authorise any treating practitioner who is treating, or has treated me, to release any information in relation to the abovementioned claim to the Insurance Commission and/or its authorised agents (assessors, lawyers etc.).

In relation to non-injury claims, I authorise individuals and organisations to release any information relevant to processing and managing the abovementioned claim to the Insurance Commission and/or its authorised agents (assessors, lawyers, etc.).

I agree that a physical or electronic copy of this authority shall be considered as effective and valid as the original.

The Insurance Commission is a Government of Western Australia Authority and is therefore, not bound by the *Privacy Act 1998*. However, all private information obtained is subject to Section 42 of the *Insurance Commission of Western Australia Act 1986*.

Signature of claimant (or parent or guardian):

Date:

Name and relationship to claimant (if not the claimant):