



# Consent Authority

Claim number:

Incident date:

(Office use only)

**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**

Last name:	First name:
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 claimant):