Insurance Commission of Western Australia

Medical and Personal Information Disclosure Authority

(Person with Impaired Decision Making Capacity)

I, Mr☐Mrs☐Ms☐ _____

(Given Name) (Family Name)

of _____

(Address)

as _____

(State relationship to claimant – e.g. spouse / appointed guardian)

on behalf of _____

(Given Name) (Family Name)

authorise any Medical or Health Practitioner, the Officer in Charge of any Hospital or any other person or entity to give the Insurance Commission of Western Australia or its Solicitor any medical or personal information, reports and/or documents related to the accident that _____ (*name of person with impaired decision making capacity*) were involved in on:

(Date / Month / Year) Claim Reference No (if known)

and any other relevant medical, health or personal information relating to them.

I authorise the Insurance Commission of Western Australia to provide medical, health and personal information relating to _____ (*name of person with impaired decision making capacity*) to any person or entity for the purposes of assessing, determining and arranging the necessary and reasonable treatment, care and support required by them.

I also authorise the Insurance Commission of Western Australia to provide medical, health and personal information relating to _____ (*name of person with impaired decision making capacity*) and to receive this information from, any person or entity for the purpose of determining receipt of supports or funding through a statutory compensation, care or support scheme or any other disability support or for the purpose of monitoring any supports or funding provided to them.

The Insurance Commission of Western Australia collects personal information through this form as authorised by law to assess motor injury insurance claims. If you are making such a claim, please note that to enable us to manage your claim, we will continue to collect other personal information from you and other relevant parties such as the WA Police Force, Department of Health, Department of Transport and Major Infrastructure, St John Ambulance, health service providers and solicitors. Personal information in this form is shared with other authorised parties where necessary and authorised by law. For further details on how we handle your personal information, please read our Privacy Policy at icwa.wa.gov.au/privacy.

(Name) (Signature)

(Date / Month / Year)