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 (ICWA) 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 ICWA 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 ICWA 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.

Notice of Collection and Privacy Policy

The Insurance Commission of Western Australia (ICWA) collects personal information, including health and medical information, through this Medical and Personal Information Disclosure Authority under the *Motor Vehicle (Third Party Insurance) Act 1943*, the *Motor Vehicle and Workplace Accidents (Catastrophic Injuries) Act 2016* and related legislation to assess liability, determine eligibility for compensation and benefits, obtain medical evidence relevant to the claim, arrange treatment, care and support, administer and manage your claim, and perform its statutory functions.

ICWA may collect information from you and from relevant parties including health practitioners, hospitals, the Department of Health, St John Ambulance, rehabilitation providers, legal representatives, government agencies and other persons or organisations involved in the assessment and management of the claim.

ICWA may use and disclose personal information, including health information, to health practitioners, legal representatives, involved insurers, investigators, government agencies, courts, tribunals and other organisations where reasonably necessary to assess liability, determine entitlements, administer and manage the claim, arrange treatment, care and support, prevent fraud, or where authorised or required by law.

If you do not provide the requested information, ICWA may be unable to properly assess liability, determine any entitlements, obtain relevant medical evidence, arrange treatment and support services, or effectively administer and manage the claim.

You may request access to, and correction of, personal information held by ICWA and make privacy enquiries by contacting privacy@icwa.wa.gov.au. Further information about how ICWA handles personal information is available in the Privacy Policy at icwa.wa.gov.au/privacy.

Declaration

By submitting this Medical Information Disclosure Authority on behalf of the claimant, you acknowledge and agree that:

- the submission of this authority is valid written authority for, and consent to, the disclosure of the medical and/or personal information specified in this authority; and
- you are authorised to submit this written authority on behalf of the claimant.

(Name)	(Signature)	(Date / Month / Year)