

## Authority to release medical information

### Information sheet

#### When to use this form

Use this form to authorise the release of your medical information from your general practitioner/practice or health provider/s.

#### Releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers can't release this information about you without your consent.

We (Resolution Life) collect and use your health information to:

- assess and manage your claim, or
- confirm the information you gave us when you applied for cover or made a claim.

This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

**!** Please carefully read and understand the following **authority 1** and **2 explanatory notes**.

#### Authority 1 explanatory notes

Through this authority, with the exception of a copy of the consultation notes held by your general practitioner/practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition
- accessing and releasing your records in SafeScript
- releasing your hospital patient notes
- releasing the results of any investigations they have done, and/or
- releasing correspondence with other health providers.

#### Authority 2 explanatory notes

Through this authority, you are consenting to any general practitioner/practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under **authority 1**, and either:

- they will be unable to, or did not, provide the report within four weeks, or
- the report provided is incomplete or contains inconsistencies or inaccuracies.

Your general practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General practitioners/practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

**!** We may not be able to process your application for cover or claim if you choose to withhold your consent for **authority 1** or **2**.

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Please keep this information sheet for your records —  
don't return it with your completed form(s).

# Authority to release medical information

Use this form to authorise the release of your medical information from your general practitioner/practice or health provider/s.

**!** We may not be able to process your application for cover or claim if you choose to withhold your consent for **authority 1** or **2**.

Please print in CAPITAL LETTERS.

### 1. Account details

Account/plan number	Product type
<input type="text"/>	<input type="text"/>
Claim number/s or Request ID (internal use only)	
<input type="text"/>	

### 2. Life insured personal

Title	Date of birth	
<input type="text"/>	<input type="text"/>	
Surname		
<input type="text"/>		
Given name(s)		
<input type="text"/>		
Residential address		
<input type="text"/>		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact phone number	Mobile number	
<input type="text"/>	<input type="text"/>	
Email address		
<input type="text"/>		

### 3. Authority 1

Please sign **authority 1** and **2** after you've read and understood the **authority 1** and **2 explanatory notes** in the attached information sheet.

**!** Authority 1—to release any of my health information except the consultation notes held by my general practitioner/practice.

### 3. Authority 1 (continued)

With the exception of consultation notes held by any general practitioner/practice I've attended, I authorise any:

- health provider
- practitioner
- practice
- psychologist
- dentist
- allied health services provider, or
- hospital

to access and release, in writing or verbally, any details of my health information to Resolution Life, or to third parties they engage.

**I agree to all the following:**

- My health information can be released in the form Resolution Life asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- Resolution Life can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This authority is valid only while Resolution Life is assessing my claim or application for cover or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this authority will be valid and effective, and this authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Full name of life insured

Signature of life insured

**X**

Date

## 4. Authority 2

Please sign **authority 1** and **2** after you've read and understood the **authority 1** and **2 explanatory notes** in the attached information sheet.

**!** Authority 2—to release a copy of the full record, including consultation notes, held by my general practitioner/practice in specified circumstances

I authorise any general practitioner/practice I've attended to release a copy of my full record, including consultation notes, to Resolution Life, or to third parties they engage, only if Resolution Life has asked them for a report on my health and either:

- the general practitioner/practice will be unable to, or did not, provide the report within four weeks, or
- the report is incomplete or contains inconsistencies or inaccuracies.

### I agree to all the following:

- Resolution Life can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This authority is valid only while Resolution Life is assessing my claim or application for cover or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this authority will be valid and effective, and this authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Full name of life insured

Signature of life insured

Date

## Where to send this form

Mail or email this completed form to:

Resolution Life Customer Service  
GPO Box 5441  
Sydney NSW 2001

**Any questions?**  
133 731

[askus@resolutionlife.com.au](mailto:askus@resolutionlife.com.au)