

# Authority to access information

## Section 1. 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 cannot release this information about you without your consent.

We collect and use your health information to assess your application for cover, to assess and manage your claim, or to 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.

Even if we collect information from health providers (such as your general practitioner or their practice), before the insurance starts you must still tell us every matter (including about your health) that is relevant to our decision about whether to offer you insurance, and if so, on what terms. This is your duty of disclosure under the Insurance Contracts Act 1984 (Cth).

Please read each Authority carefully and the explanatory notes below.

### 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.

## Section 2. Authority to access your health information

### Authority 1. To release any of my health information except the consultation notes held by my general practitioner/practice

With the exception of consultation notes held by any general practitioner/practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to ClearView Life Assurance Limited, or to third parties they engage.

I agree to all the following:

- my health information can be released in the form ClearView Life Assurance Limited 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
- ClearView Life Assurance Limited 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 ClearView Life Assurance Limited is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover, and
- 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 person insured

Signature of person insured

Date

### 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 have attended to release a copy of my full record, including consultation notes, to ClearView Life Assurance Limited or to third parties they engage, only if ClearView Life Assurance Limited 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:

- ClearView Life Assurance Limited 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 ClearView Life Assurance Limited is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover, and
- 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 person insured

Signature of person insured

Date

### Section 3. Authority to access other relevant information (non-medical)

I authorise any employer, accountant, lawyer, other insurer, government body, police or any relevant holder of information to release to ClearView Life Assurance Limited any information it requires for the assessment or investigation of my claim.

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 person insured

Signature of person insured

Date

#### Please return your completed form to:

**Mail**

ClearView  
GPO Box 4232  
Sydney NSW 2001

**Enquiries**

132 979

**Email**

**For new/updated applications**  
lifenebusiness@clearview.com.au

**For claims:**  
clearviewlifeclaims@clearview.com.au

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