This form gives us permission to collect information about you from a medical practitioner to help us make the payments for the treatment and services you need. It also enables us to disclose information to other parties so we can manage your claim.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client details |  |  | | |
| Name |  | TAC claim number | | |
|  |  |  | | |
| Address |  | Date of birth |  | Date of accident |
|  |  |  |  |  |
| Post code |  |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Practitioner details |  |  | | |
| Practitioner name |  | Telephone number | | |
|  |  |  | | |
| Practitioner address |  |  |  |  |
|  |  |  |  |  |
| Post code |  |  | | |

**Authorisation**

Client, parent or guardian’s full name

|  |  |
| --- | --- |
| I, |  |

authorise you to provide the TAC with information and documents relevant to:

* My transport accident injuries
* Any injury or condition that has or may have been affected by the transport accident
* A summary of the treatment I have received to date
* The results of any x-rays
* Copies of my medical records
* Your opinion in relation to:
* the treatment that I still require and its expected duration
* whether I am able to carry out my normal employment (in full or in part) or any alternative employment
* the expected period of further incapacity

The TAC will only collect information pertaining to the injuries and time periods relevant to the administration of my TAC claim.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature of client, parent or guardian** |  | **Name** |  | **Date** |
|  |  |  |  | / / |
|  |  |  |

**If the client is unable to sign this form due to a medical condition please complete the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of person representing the client |  | Name |  | Date |
|  |  |  |  | **/ /** |
|  |  |  |
| Relationship to client, e.g. parent/guardian, administrator, power of attorney | | | | |
|  |  | | | |

|  |
| --- |
| **Returning this form**  Please complete and return this form within 14 days and return it to us in one of the following ways:  **myTAC**  The quickest and easiest way to send this form is through myTAC. Simply log in to [myTAC](http://www.tac.vic.gov.au/clients/mytac) and sign and submit the pre-filled form.  **TAC website**  Complete and submit the form on the TAC website at [tac.vic.gov.au/medical-authority](http://www.tac.vic.gov.au/online-authority)  **Email**  Email this completed form to[info@tac.vic.gov.au](mailto:info@tac.vic.gov.au)  **Post**  Fill in this form and post it to Transport Accident Commission, Reply Paid 2751, Melbourne, Vic 3001  **Information about this consent form**  This is an ‘Authority to Release Information: Medical Practitioner’ form. The *Transport Accident Act 1986* (the Act), states that when requested to by the TAC, a person must sign this form. Section 67 of the Act also says that this form cannot be revoked until a claim is finally determined.  Why does the TAC need this information?  The TAC needs your information in order to carry out its functions under section 12 of the *Transport Accident Act 1986*.  These functions include assessing claims for compensation, defending proceedings, paying compensation, etc.  The TAC will only use this form to collect relevant information for processing, assessing or managing your TAC claim.  **What happens if you don’t sign this consent form?**  If you do not sign this consent form, the TAC may not be able to make decisions about your entitlement to TAC benefits.  **Who will the TAC disclose your information to?**  The TAC may disclose the personal and health information it has obtained about you where it is required by law to do so, or where it is necessary to manage your claim for compensation.  It may be necessary to disclose your information to:   * Medical and health service providers * People providing a service to you, such as a gardener, cleaner, attendant care worker, builder, etc. * A person that is contracted to provide services to the TAC, relevant to the management of my TAC claim * Your employer * A solicitor acting in relation to your TAC claim * Other government agencies, such as the Victorian WorkCover Authority or the NDIA * A court or tribunal * A person you authorise to obtain the information.   **Other ways the TAC may use and disclose your information**  **Research** The TAC may use or disclose personal and/or health information for the purposes of research to its research service providers, road safety partners and other government agencies to facilitate research into treatment for, or the prevention of, transport accident injuries.  The TAC removes your identifying information before disclosure so that research can be conducted in either an anonymised form (where your name or identity is not apparent from the data set) or a de-identified form (where your name or identity is not apparent from the data set, and you are not capable of being re-identified).   A list of the TAC’s ongoing research projects for which your information may be used is in the TAC’s Privacy Policy at [tac.vic.gov.au](http://www.tac.vic.gov.au/home)  If you wish to opt out of having your de-identified/anonymised information being used or disclosed by TAC for any of its listed research projects, please contact [privacy@tac.vic.gov.au](mailto:privacy@tac.vic.gov.au)  **Health Safety and Wellbeing** The TAC is required under the *Occupational Health and Safety Act 2004* to provide and maintain a working environment that is safe and without risks to health. Where a client exhibits behaviours of concern (BOC), contracted/ registered service providers to the TAC may be notified for safety purposes. A BOC includes, but is not limited to, where:   * A threat has been made to any individual’s life, health, safety or wellbeing * There is a threat to public health, public safety or public welfare * The BOC demonstrated by the Client may pose a risk to the health, safety and wellbeing of a provider(s) * There is a risk identified in relation to the environment where the provider(s) would be visiting or treating the client.   The TAC will only share personal or health information that is necessary to advise the provider of the risk in order to protect their health and safety. Please see the TAC’s Privacy Policy at [tac.vic.gov.au](http://www.tac.vic.gov.au/home) for further details.  **Getting access to your information**  You can get a copy of this form or information we have collected about you by contacting the TAC.  **More information**  If you require further information about the TAC’s privacy policy, please call us on 1300 654 329 or visit our website at [tac.vic.gov.au](http://www.tac.vic.gov.au/home) |