

# Authority to collect medical and other records

Please complete this form to authorise ACC to collect relevant medical and other records about your claim.

When you've finished, please return this form to ACC.

1. Client details	
Client name:	Claim number:
Date of birth:	Date of injury/event:
Address:	

2. Collecting your medical and other records
<p><b>Why we ask for your authority to collect your medical and other records</b></p> <p>To establish your entitlement to compensation, rehabilitation and treatment we may need to collect medical and other records about you from a third party, such as your General Practitioner (GP), other medical professional or employer. We need your authority to collect them.</p> <p>These records could include:</p> <ul style="list-style-type: none"> <li>• medical reports</li> <li>• details of your accident</li> <li>• medical history relevant to your claim</li> <li>• specialist reports and assessments</li> <li>• your employment details and history</li> <li>• tax records.</li> </ul> <p>In each case, we'd only seek records that are or may be relevant to your claim during the life of your claim.</p> <p>We'll let you know about the types of records we need to collect, and why we need to collect them to make these decisions about your claim. Please contact us if you'd like to discuss this further.</p> <p><b>How you can provide your authority</b></p> <p>You can either sign this form or contact us if you'd like to discuss other ways to provide your authority. These may include for example, setting the duration of your authority or asking us to contact you for authority on a case by case basis.</p> <p><b>We'll comply with the legislation</b></p> <p>We'll comply with the Privacy Act 1993, the Health Information Privacy Code 1994 and the Accident Compensation Act 2001 when collecting, using and managing personal information.</p> <p>Under the Privacy Act 1993 and Health Information Privacy Code 1994, you have the right to access any information we hold about you. You can also ask us to correct the information that we hold about you.</p> <p>For more details see ACC's privacy notice at <a href="http://www.acc.co.nz/privacy">www.acc.co.nz/privacy</a>.</p>

# ACC6300 Authority to collect medical and other records

## 3. Declaration

Please read and sign the following declaration:

I authorise ACC to collect medical and other records which are or may be relevant to my claim.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 4. Client representative's declaration

If applicable, please read and sign the following declaration:

I declare that I have authority to consent on behalf of the client to the collection of medical and other records that are or may be relevant to his or her claim. I authorise ACC to collect medical and other records which are or may be relevant to my client's claim.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Representative's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

What is your relationship to the client? \_\_\_\_\_

Why is the client unable to sign this form? \_\_\_\_\_

**PLEASE ENTER THE GP, MEDICAL CENTRE AND ANY DHB YOU HAVE SEEN THROUGHOUT YOUR LIFE AND IN PARTICULAR YOUR MOSR RECENT GP AND DHB REGION**

Most recent General Practitioner/Doctor: \_\_\_\_\_

Most recent DHB \_\_\_\_\_

Other Doctors seen \_\_\_\_\_

Other DHB's contacted \_\_\_\_\_

Mental Health Services used in the past \_\_\_\_\_

Contact with Social Welfare, CYFS \_\_\_\_\_

Other Community Services \_\_\_\_\_