

MEDICAL AUTHORITY FORM

How to complete and return this form

Please use this form to provide your authorisation to any general medical practitioner, or other health provider who you've consulted or may consult at any time in the future, to release your personal medical information to the Administrator, or any other administrator acting on the insurer's (MLC Limited) behalf, for the purposes of completing your Encompass Protection application.

Please complete this form, print, and sign using a dark pen. Completed forms can then be scanned and emailed to **customer@encompassprotect.com.au**

Please also post your completed form to:
Encompass Protection
GPO Box 239
Sydney NSW 2001

Questions?

If you have any questions in relation to this form, please don't hesitate to contact us on **1300 476 030** or email us at **customer@encompassprotect.com.au**.

Policy details

Policy number (if known)

Insured person details

Insured person's name

Title	First name	Middle name	Last name
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Date of birth

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Previous last name (if applicable)

Notes on 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, the Insurer and Administrator, 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.

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 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 the Insurer, the Administrator, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form the Administrator 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.
- The Insurer and Administrator 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 the Insurer or Administrator 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.

Insured person's full name

Signature

Date / /

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 report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 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.

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 the Insurer, the Administrator, or to third parties they engage, only if the Insurer or the Administrator have 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:

- The Insurer and the Administrator can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is only valid while the Insurer or Administrator 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.

Insured person's full name

Signature

Date / /



encompassprotect.com.au

GPO Box 239, Sydney NSW 2001

e: customer@encompassprotect.com.au t: 1300 476 030

Encompass Protection is issued by MLC Limited (MLC Life Insurance, the Insurer) ABN 90 000 000 402 AFSL 230694. NEOS Life (NEOS, the Administrator) is a registered business name of Australian Life Development Pty Ltd ABN 96 617 129 914 AFSL 502759. NEOS provides administration services (excluding the administration of claims) in relation to Encompass Protection on behalf of the Insurer.