

ACC PRIVACY WAIVER AUTHORISATION



Te Kaporeihana Āwhina Hunga Whara

I, _____ [Full name]

of _____ [Current address]

Authorise the Accident Compensation Corporation (ACC) to give details and comment about any of my personal and health information held by ACC

to: _____ [Name of media outlet]

For the purpose of [please specify purpose information will be used for]:

This authorisation is made in accordance with the Privacy Act 1993 and/or the Health Information Privacy Code 1994.

This authorisation is valid until: _____
[Normally three months but can vary].

Signature

Date

Signature of witness

Name of Witness

Date Witnessed