Complete this form to authorise someone to act on your behalf.

When you’ve finished, please return this form to [claimsdocs@acc.co.nz](mailto:claimsdocs@acc.co.nz) or your closest Mail Centre:

If you live in Northland, Auckland, Waikato or Bay of Plenty:

* PO Box 952, ACC Hamilton Hub, Hamilton 3240

If you live in Taranaki, Manawatu-Whanganui, Hawke's Bay, Wellington or the South Island:

* PO Box 408, ACC Dunedin Hub, Dunedin 9054

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| --- | --- | --- | --- |
| 1. Your details | | | |
| Your name: [Client full name auto] | | Claim number: [Claim number auto] | |
| Date of birth: [Date of birth auto] | | Email: [Client Email Auto] | |
| Address: [Address Line 1 Auto], [Address Line 2 Auto], [Suburb Auto], [Town Or City Auto], [Post Code Auto] | | | |
| Home phone: [Client home phone auto] | Mobile phone: [Client mobile phone auto] | | Work phone: [Client work phone auto] |

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| --- | --- | --- | --- |
| 2. Your nominated person | | | |
| Please enter the details of the person you’d like to give authority to act on your behalf. | | | |
| Full name: | | Relationship to you: | |
| Date of birth: | | Email address (if applicable): | |
| Postal address: | | | |
| Business address (if applicable): | | | |
| Where would you like us to send your correspondence? | | | |
| Home phone: | Mobile phone: | | Work phone: |

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| --- | --- |
| 3. Authority to act | |
| This authority to act covers (tick one only) | |
| Specific claim(s) only  Please list the claim number(s): | All my claims currently managed by ACC |

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| --- | --- |
| 4. Declaration | |
| * I authorise ACC to act on the instructions of my nominated person * I understand that ACC is not responsible for any actions of my nominated person using this authority * I understand that this authority comes into effect from the date ACC receives this form * I understand that I am giving my nominated person authority to access my information by telephone, email and letter * I understand I can write to or call ACC at any time to cancel this authority, and ACC will only cancel this authority if I ask them to in this way. Cancellation will not be effective until received by ACC. | |
| Signature: | Date: |

**Collecting and using your personal information**

ACC collects your personal and health information to assess whether your claim is covered under the ACC scheme, to manage your claim, and to assess and provide appropriate rehabilitation, treatment, and compensation to you. We also use personal information for other lawful purposes connected with our functions and activities under the Accident Compensation Act 2001 (including research, policy development, maintaining a claims database, systems testing, levy setting, internal processes including investigations, training and processing information requests).

ACC may need to obtain medical and other records about you from third parties such as your General Practitioner (GP), specialists, other medical professionals or treatment providers, or your employer.

Providing information to ACC is voluntary. However, if relevant information is not provided, ACC may not be able to determine whether you are eligible for cover or for particular entitlements. Under the Accident Compensation Act 2001, you must provide information that is relevant to your claim when ACC reasonably requires you to provide it. ACC may decline to provide any entitlement if you unreasonably refuse to give ACC any relevant information or to authorise ACC to obtain records that may be relevant to your claim.

ACC shares personal and health information with other agencies for the purposes of managing claims and entitlements, to fulfil our other statutory functions, and in other situations where permitted or required by law. These agencies include government agencies, external providers (eg treatment providers) and your employer (including for non-work related injuries).

You have the right to access and request correction of personal and health information that ACC holds about you.

The Privacy Act 2020 and the Health Information Privacy Code 2020 apply to your personal and health information. Further details of how and why we collect, use, store and disclose information are set out in our Personal Information and Privacy Policy, which may be viewed on our website [acc.co.nz/privacydisclaimer](https://www.acc.co.nz/privacy/privacy-disclaimer/).

For more information about privacy, to request access or correction of your personal and health information, or if you have a question or concern, contact us:

[privacy.officer@acc.co.nz](../../Privacy%20FLIS/privacy.officer@acc.co.nz)

The Privacy Officer

Accident Compensation Corporation

PO Box 242

Wellington 6011