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 [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

|  |  |
| --- | --- |
| 1. Client details | |
| Client name: [Client full name auto] | Claim number: [Claim number auto] |
| Date of birth: [Date of birth auto] | Date of injury/event: [Date of injury auto] |
| Address:  [Address Line 1 Auto]  [Address Line 2 Auto]  [Address Line 3 Auto]  [Post Code Auto] | |

|  |
| --- |
| 2. Collecting your medical and other records |
| **Why we ask for your authority to collect your medical and other records**  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.  These records could include:   * medical reports * details of your accident * medical history relevant to your claim * specialist reports and assessments * your employment details and history * tax records.   In each case, we’d only seek records that are or may be relevant to your claim during the life of your claim.  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.  **How you can provide your authority**  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.  **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](https://accnz.sharepoint.com/sites/BusinessProcessImprovementTeams/FLIS/privacy.officer@acc.co.nz)  The Privacy Officer  Accident Compensation Corporation  PO Box 242  Wellington 6011 |

|  |  |  |
| --- | --- | --- |
| 3. Declaration | | |
| Please read and sign the following declaration: | | |
| **I declare:**   * that the information given in this form is true and correct and that I have not withheld any information likely to affect my application. I will inform ACC of any change in circumstances which may affect my entitlements.   **I authorise:**   * ACC to collect the following information and to use and disclose it in an accordance with the purposes set out above and in ACC’s Privacy Policy: * medical and other records which are or may be relevant to my claim * details of my accident * tax records, employment details and history which are or may be relevant to my claim * the holders of such information to provide it to ACC * the treatment provider to lodge this claim for me | | |
| Client name: [Client full name auto] | Claim number: [Claim number auto] | |
| 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 the client’s claim. I authorise ACC to collect medical and other records which are or may be relevant to the 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? | | |