



AUTHORITY TO RELEASE INFORMATION:
MEDICAL PRACTITIONER

This form gives us permission to collect information about you from a medical practitioner to help us make the payments for the treatment and services you need. It also enables us to disclose information to other parties so we can manage your claim.

Client details

Client name

Claim number

Client address

Date of birth

Date of accident

Post code

Practitioner details

Practitioner name

Telephone number

Practitioner address

Post code

Authorisation

I,

authorise you to provide the TAC with information and documents relevant to:

1. My transport accident injuries
2. Any injury or condition that has or may have been affected by the transport accident
3. A summary of the treatment I have received to date
4. The results of any x-rays
5. Copies of my medical records
6. Your opinion in relation to:
 - the treatment that I still require and its expected duration
 - whether I am able to carry out my normal employment (in full or in part) or any alternative employment
 - the expected period of further incapacity

The TAC will only collect information pertaining to the injuries and time periods relevant to the administration of my TAC claim.

Signature of client, parent or guardian

Print name

Date

I declare that the client appeared to understand the contents of this authority

Signature of witness

Print name

Date



Returning this form

Please complete and return this form within 14 days and return it to us in one of the following ways:

Online

The quickest and easiest way to send us this form is online. Simply log in to [myTAC](#) and send us your completed form. If you haven't already, register for [myTAC](#) on our website, www.tac.vic.gov.au, or download the app to your mobile device.

Email

You can email your completed form to info@tac.vic.gov.au

Post

Please fill in this form and post it to Transport Accident Commission, Reply Paid 2751, Melbourne, Vic 3001

Information about this consent form

This is an 'Authority to Release Information: Medical Practitioner' form. The *Transport Accident Act 1986* (the Act), states that when requested to by the TAC, a person must sign this form. Section 67 of the Act also says that this form cannot be revoked until a claim is finally determined.

Why does the TAC need this information?

The TAC needs your information in order to carry out its functions under section 12 of the *Transport Accident Act 1986*.

These functions include assessing claims for compensation, defending proceedings, paying compensation, etc.

The TAC will only use this form to collect relevant information for processing, assessing or managing your TAC claim.

What happens if you don't sign this consent form?

If you do not sign this consent form, the TAC may not be able to make decisions about your entitlement to TAC benefits.

Who will the TAC disclose your information to?

The TAC may disclose the personal and health information it has obtained about you where it is required by law to do so, or where it is necessary to manage your claim for compensation.

It may be necessary to disclose your information to:

- Medical and health service providers
- People providing a service to you, such as a gardener, cleaner, attendant care worker, builder, etc.
- A person that is contracted to provide services to the TAC, relevant to the management of my TAC claim
- Your employer
- A solicitor acting in relation to your TAC claim
- Other government agencies, such as the Victorian WorkCover Authority or the NDIA
- A court or tribunal
- A person you authorise to obtain the information.

Getting access to your information

You can get a copy of this form or information we have collected about you by contacting the TAC.

More information

If you require further information about the TAC's privacy policy, please call us on 1300 654 329 or visit our website at www.tac.vic.gov.au