



Authority for the collection and disclosure of information



Please complete this form to give ACC your consent to collect and disclose information about you.

| CLIENT DETAILS | |
|---------------------|---------------|
| Client's full name: | |
| Date of birth: | Claim number: |
| Address: | |

| ACC DETAILS |
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| Client Service staff member: |
| ACC Office: |

| CLIENT DECLARATION |
|---|
| <p>I give my consent for information about me to be collected, used and disclosed to:</p> <ul style="list-style-type: none"> • assess my entitlement to compensation, rehabilitation and medical treatment • help with the evaluation of ACC's services and performance • help with research into injury prevention and effective rehabilitation. <p>I understand that:</p> <ul style="list-style-type: none"> • this consent applies to all aspects of my claim, and includes external agencies and service providers such as general practitioners, specialists, employers etc from whom ACC asks for information • I have the right to see and correct any information ACC holds about me • this consent applies for the whole period during which ACC provides assistance for my claim, unless I negotiate a different arrangement with my ACC Client Service staff member • the information collected will only be used or disclosed in relation to the purposes of the Accident Compensation Act 2001 • when collecting, using and storing information, ACC will at all times comply with the Privacy Act 1993 and the Health Information Privacy Code 1994. <p>For more information about your privacy rights, please refer to the information sheet, <i>Collection and Disclosure of Information</i>.</p> |
| <p>Signed: _____ Date: _____</p> |

| CLIENT'S REPRESENTATIVE'S DECLARATION |
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| <p>I declare that I have authority to consent to the collection and disclosure of information on behalf of the client, and I provide this consent.</p> |
| <p>Signed: _____ Date: _____</p> |
| <p>Representative's name: _____ Phone number: _____</p> |
| <p>What is your relationship to the client?</p> |
| <p>Why is the client unable to sign this form?</p> |