

Medical and Non-Medical Authority

This form must be completed by the member.

Please complete in **BLOCK** letters, using blue or black ink.

1 Personal details

Client number

You can find your client number on your annual statement or by logging in to Member Online.

Title First name (required)

Last name (required)

Previous name¹ (if we know you by another name)

Date of birth (dd/mm/yyyy) (required)

Phone number

Email address

Residential address

State Postcode

Postal address Same as residential address

State Postcode

Notes on releasing information about your health.

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

¹ If your name has changed and you work for the Queensland Government, let your payroll office know and they will then let us know. Otherwise, please send us a certified copy of either a marriage certificate or other legal change of name document.

² ART Life Insurance Limited (ABN 79 607 345 853, AFSL 483057) ('ART Life') is a registered life insurance company that is ultimately owned by Australian Retirement Trust Pty Ltd as trustee for Australian Retirement Trust.

Australian Retirement Trust Pty Ltd ABN 88 010 720 840 AFSL 228975
Australian Retirement Trust ABN 60 905 115 063

We, **ART Life**,² collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent to obtain your health information, unless we reach a different agreement with you.

Please sign to accept both Authorities. Withholding your consent can result in delays and might mean we are unable to process your application or claim.

Before signing, please read each Authority carefully and the explanatory notes below.

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 20 business days from our request; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.



Part of Australian Retirement Trust

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to **ART Life**, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form **ART Life** asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- **ART Life** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **ART Life** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed physically or electronically.

Name

Signature

Date signed (dd/mm/yyyy)

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Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/ Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to **ART Life**, or to third parties they engage, only if **ART Life** has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within 20 business days; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- **ART Life** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **ART Life** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed physically or electronically.

Name

Signature

Date signed (dd/mm/yyyy)

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Authority – Other

- I understand that a photocopy of my authority is considered as valid as the original.
- I understand **ART Life** will collect, use, and disclose my personal information consistent with these authorities.
- I authorise **ART Life** and its service providers to collect my personal and medical information from the individuals and organisations listed below, for use in assessing and managing my claim:
 - Workers' compensation insurer
 - CTP insurer, other insurers, and other superannuation funds
 - Federal and State Government agencies including the Department of Human Services, the Department of Veterans' Affairs, and the Australian Taxation Office (ATO)
 - My employer
 - Rehabilitation, allied health, and return-to-work professionals appointed by me, my employer, other insurers, or my lawyer.
 - My accountant.
- I authorise **ART Life** to disclose my personal and medical information to the individuals and organisations below as part of managing my claim:
 - My employer
 - Rehabilitation, allied health, and return-to-work professionals appointed by me, other insurers, or my lawyer
 - Medical professionals for health, wellbeing, and rehabilitation, including my doctors, specialists, allied health providers, and their agents
 - Other service providers and advisers appointed by **ART Life** to carry out functions to assist in managing my claim
 - **ART Life's** appointed assessor, which may be located in or outside of Australia.

Name

Signature

Date signed (dd/mm/yyyy)

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If you are signing this form under a power of attorney (POA) and you have not already given us a certified copy of your POA documentation, please attach it to this form. You must also complete proof of identity requirements for you and the member (read the Proof of identity factsheet for more details).

Member Centres

Visit qsuper.qld.gov.au/membercentres for locations

Member Services team

Phone 1300 360 750
Overseas +61 7 3239 1004
 Monday to Friday 8.00am – 6.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001
Email qsuper@qsuper.qld.gov.au
Fax 1300 242 070
Website qsuper.qld.gov.au

This form and all QSuper products are issued by Australian Retirement Trust Pty Ltd (ABN 88 010 720 840, AFSL 228975) as trustee for Australian Retirement Trust (ABN 60 905 115 063). Any reference to "QSuper" is a reference to the government division of Australian Retirement Trust. Where necessary, consider seeking professional advice tailored to your individual circumstances. We take protecting the privacy of personal information very seriously. We are collecting your personal information to assess or manage your insurance application, cover or claim, and to administer your superannuation account. If we do not receive complete and accurate information, we may not be able to assess or manage your claim. We may also disclose this information to your employer, authorised service providers (e.g. external insurers and assessors), medical, health and wellbeing professionals, and other third parties if we need to, if you have given consent to the disclosure, or if we are required to by law. If you want to know more about our privacy policy, including how we collect, hold, use, and disclose personal information, or how individuals can access or correct their information, visit qsuper.qld.gov.au/privacy or call us to request a copy.