

# Medical Authorisation

November 2021

**OnePath Life Limited (OnePath Life)**  
 ABN 33 009 657 176 AFSL 238341

**Customer Services**  
**Phone** 133 667  
**Email** client.onepath@zurich.com.au  
**Website** onepathinsurance.com.au

## Details of life insured

Application/policy number(s) if known

Title  Mr  Mrs  Ms  Miss  Dr  Other

Surname

First name(s)

Date of birth (dd/mm/yyyy)  /  /  Date of application(s) (dd/mm/yyyy)  /  /

## Privacy

I acknowledge and consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Product Disclosure Statement and OnePath Life’s Privacy Policy, which is available [onepathinsurance.com.au/about-us/privacy-policy](http://onepathinsurance.com.au/about-us/privacy-policy) or by calling Customer Services on 133 667.

If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. If I give OnePath Life personal information about someone else, I understand that OnePath Life requires me to show them a copy of the Product Disclosure Statement and OnePath Life’s Privacy Policy so that they may understand the manner in which their personal information may be used or disclosed by OnePath Life and their related entities.

## Doctor’s authorisation

### 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.

We, OnePath Life Limited ABN 33 009 657 176 (OnePath Life), 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.

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 4 weeks; 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.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

**Please note that the doctor’s authorisation continues on the next page.**

**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 OnePath Life, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form OnePath 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.
- OnePath 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 OnePath 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 electronically or consented verbally.

Name

Signature

Date (dd/mm/yyyy)

**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 OnePath Life, or to third parties they engage, only if OnePath 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 four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- OnePath 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 OnePath 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 electronically or consented verbally.

Name

Signature

Date (dd/mm/yyyy)

**Postal address**

OnePath Life  
Locked Bag 994  
North Sydney NSW 2059