



Compensation Recovery Program



Authority to release information

Claimants who want information about their compensation case to be forwarded to a third party, such as their solicitor, need to give Medicare Australia written permission to release the information. This can be done by filling in an *Authority to release personal Medicare claims information to a third party* form or in writing. For a copy of the form go to www.medicareaustralia.gov.au then **For individuals and families > Forms and brochures > Other programs and services > Release of information forms**

For Medicare Australia to accept a request to release information relating to the claimant's compensation case, the authority must include:

- the claimant's (or their authorised representative's) name and address
- the claimant's Medicare card number
- clear identification of the person, company or organisation that Medicare Australia is releasing the information to
- the date the authority is made
- the claimant's (or their authorised representative's) signature.

The following is an example of a written authority:

Compensation Recovery Program

Authority to release information
Medicare card number: 1 2345 6789 1

I, (full name), of (full address), authorise Medicare Australia to release to (full name of person, company or organisation) all Medicare Australia correspondence and records that relate to my claim for compensation, as defined by the *Health and Other Services (Compensation) Act 1995*, including full details of my Medicare claims history, since the date of my injury or illness.

I understand and acknowledge that this information may include details of medical services not relating to this claim for compensation.

This authority is valid up to and including the date the case is finalised by Medicare Australia, unless otherwise revoked in writing by the claimant.

Date

Signed

For more information

Online www.medicareaustralia.gov.au

Email NSW.comp.mgr@medicareaustralia.gov.au
QLD.comp.mgr@medicareaustralia.gov.au

Call **132 127***

TTY **1800 552 152**** (Hearing and speech impaired)

TIS **131 450*** (Translating and Interpreting Service)

If you need help translating this information call the TIS on **131 450***.

Arabic - إذا احتجت لمساعدة في ترجمة هذه المعلومات، يمكنك الإتصال بخدمة الترجمة التحريرية والشفهية على الرقم 131 450*

Korean - 본 정보의 이해를 위해 번역사의 도움이 필요하시면, 131 450*번으로 TIS에 전화하십시오

Serbian - Ако вам је потребна помоћ да преведете информације, назовите TIS на 131 450*

Spanish - Si necesita ayuda para traducir esta información, llame al TIS al 131 450*

Turkish - Bu bilgiyi tercüme etmek için yardıma ihtiyacınız varsa 131 450* numaradan TIS'i arayınız

Vietnamese - Nếu quý vị cần nhờ dịch thông tin này xin gọi cho TIS số 131 450*

* Call charges apply.

** Call charges apply from mobile and pay phones only.