



# Authority to collect, use and disclose personal information

## Workers' compensation claim at ANU

### PRIVACY NOTICE

ANU needs to collect, use and disclose your personal information about your condition, claim, treatment, rehabilitation, and related matters, so we can facilitate activities in relation to the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) that affect your claim. If you do not authorise us to handle your personal information for this purpose we may not be able to effectively facilitate your rehabilitation or return to work.

We only collect, use or disclose your personal information in accordance with the *Privacy Act 1988*. You can access your personal information, ask us to correct inaccuracies in it, or make a complaint to us if you think we have breached our obligations under the *Privacy Act 1988*. Our Privacy Policy contains more information about how to contact us to view or correct your personal information, and how to make a complaint, and is available at the [ANU policies](https://policies.anu.edu.au/ppl/index.htm) website: <https://policies.anu.edu.au/ppl/index.htm>.

ANU is not likely to disclose the personal information collected under this authority to a recipient outside Australia unless the information relates to an injury or illness sustained, or treatment provided, while you were overseas. If disclosure of personal information is made to an overseas recipient, ANU will comply with obligations in the Privacy Act applicable to the disclosure of personal information to overseas entities.

I [name]

Uni ID

of [address]

authorise and consent to any medical practitioner, health professional, hospital or other health institution or rehabilitation provider who has examined or treated me for

to discuss with and provide to my case manager or his or her delegate within the Work Environment Group any reports, clinical notes or other relevant information relating to this, or other related conditions.

I authorise and consent to my case manager (or their delegate), my supervisor, Human Resources Management staff, any medical practitioner, health professional, hospital or other health institution or rehabilitation provider disclosing, releasing, or discussing records containing my personal and medical information, between one another.

I understand that the personal information is required for the purposes of facilitating activities in relation to the SRC Act, managing my treatment, rehabilitation and/or return to work, as the case may be.

I authorise and consent to a photocopy of this consent being sufficient evidence of my authority and consent to discuss or provide the medical information requested.

Signature

Date