

Authority to release personal information – personal injury, insurance, superannuation or other matter

When to use this form



Use this form to provide your consent for Services Australia to provide certain information about you to a third party organisation, where the information sought can be disclosed under our administrative access scheme.

Third party organisations may include law firms, insurance companies, superannuation funds or other government agencies.

Additional information

Under this scheme, we will provide Centrelink payment tax summary information (some payments may not be included), employment information, medical certificate information and medical, Job Capacity Assessment and Employment Services Assessment reports (and/or other specific information), or a combination of these items, for certain periods, as specified on this form.

Not all your personal information may be released under this scheme. Some information may need to be considered formally under other legislation. We will advise the third party if this is required.

Your personal information is disclosed in accordance with the general consent provisions contained in social security law.

This form should not be used if you need compensation recovery advice.

For more information, go to servicesaustralia.gov.au/centrelinkcompensationrecovery

Returning this form

Check that all questions are answered and that the form is signed and dated. Forms that are incomplete may not be processed.

Return this form to the third party indicated at question 8.

The third party should scan this form and email to tpo.consent@servicesaustralia.gov.au

There may be risks with sending personal information through unsecured networks or email channels.

Authority to release personal information – personal injury, insurance, superannuation or other matter (Si039)

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this ► **Go to 1** skip to the question number shown.

1 Your Customer Reference Number (if known)

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2 Your name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

3 Your date of birth (DD MM YYYY)

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4 Have you been known by any other name(s)?

Include:

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No ► *Go to next question*

Yes ► *Give details below*

1 Other name

Type of name (for example, name at birth)

2 Other name

Type of name (for example, name before marriage)

If you need more space, provide a separate sheet with details.

5 Your postal address

Postcode

6 Your email

7 Have you ever claimed or received a Centrelink payment or service?

No

Yes



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