

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

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.

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

Filling in this form

You can complete this form on your computer, print and sign 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.

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.

1 Your Customer Reference Number (if known)

- - -

2 Your name

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

3 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 of other name(s)**

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

4 Your date of birth

/ /

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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8 Details of the third party organisation, for example, who is requesting your information and where your information is to be sent.

Name

Address

Postcode

Third party reference number (if known)

Third party email

9 Select and complete each item you are consenting to release.
The release of this information is not compensation advice.

Type and amount of **Centrelink payments** (some payments may not be included)

for the period by Fortnight or Financial year

from

to

Details of **employment income** for the period

from

to

Medical certificate information, medical, Job Capacity Assessment and Employment Services Assessment reports

from

to

Other – Give details below

Privacy notice

10 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

11 Declaration or Authorisation by another person

If the person cannot consent to the release of their own personal information, for example, they are a child, they have a Power of Attorney or they are deceased, and another person can authorise the release, complete the following:

Reason for authorisation by another person

Position held

Print name

If you are authorising the release of a deceased person's information, there may be limits to who can authorise the release, for example, the Executor, and what can be released under this administrative access scheme. Proof will also be required.

Declaration

I declare that:

- I give my consent for Centrelink to provide the personal information as authorised on this form, to the third party indicated at question 8.
- the information I have provided in this form is complete and correct.

I understand that:

- this authority remains valid for a period of 12 months from the date it is signed and dated, unless revoked by me beforehand.

Your signature

Date

See Page 1 for instructions on returning this form.