

AUTHORITY TO SEEK INFORMATION, INCLUDING MEDICAL RECORDS

Thank you for contacting the Private Health Insurance Ombudsman about your private health insurance complaint.

We require your authority to seek and review your medical records.

Complete the attached authority form and return it as a scanned attachment or photo to ombudsman@ombudsman.gov.au. Include your name and contact number in the subject line.

If you need to speak to us about this, you can contact the Office on 1300 362 072 or via email at ombudsman@ombudsman.gov.au.

AUTHORITY TO SEEK INFORMATION, INCLUDING MEDICAL RECORDS

I:
[please print your name]

Date of birth _____

Address _____

[If applicable] acting on behalf of:

give the Private Health Insurance Ombudsman authority to seek information in relation to my current complaint, including medical records from the health fund, treating doctors and hospitals.

Signed _____

Date _____

PRIVACY NOTICE

Your personal information is protected by law, including the *Privacy Act 1988* (Cth) and may be collected by the Commonwealth Ombudsman for the purpose of performing its functions.

For more information about how the Commonwealth Ombudsman manages personal information, please visit <https://www.ombudsman.gov.au/privacy-policy>