

**Allianz Australia Insurance Ltd (“Allianz”)
Privacy Act 1988**

Privacy and Consent Statement

We are committed to respecting your privacy and wish to ensure that you are not only aware of our Privacy Policy but provide your informed permission for us to collect, use and disclose your personal information for the following purposes:

- (a) processing and making decisions on your claim for compensation and rehabilitation;
and
- (b) resolution of any disputes through the WorkCover Directorate.

In the course of undertaking our functions and activities as stated above, it may be necessary to collect from and disclose to the following third parties your personal information (including sensitive information and health information):

- (a) your employer and parties engaged by them in relation to their workers compensation policy;
- (b) medical practitioners and other health service providers;
- (c) persons/organisations engaged or requested by Allianz to assist in the processing and determination of your claim;
- (d) WorkCover Western Australia.

Except as stated above or as otherwise required or authorised by law, we will not collect, use or disclose your personal information to any other third party without your prior knowledge or consent.

Collection of your personal information is governed by the *Workers Compensation and Injury Management Act 1981 (WA) (as amended)*, the *Privacy Act 1988 (Cwlth)* and/or with your consent.

Any third party to which your personal information is collected from or disclosed to will be provided with a copy of this Privacy and Consent Statement for the purposes of ensuring that they respect your privacy.

You are permitted to access your personal information held by us and should contact our Privacy Officer if you wish to do so or if you have any questions about the way we handle your personal information.

If the necessary personal information is not provided, we will be unable to process or continue to process your claim for compensation or assist you in your rehabilitation.

Declaration

I have read and understood this Privacy and Consent Statement and consent to the collection, use and disclosure of my personal information by Allianz to those persons/organisations as stated above, in order that my claim for compensation and rehabilitation can be processed.

Signature _____

Print Name _____

Date _____

Claim Number _____