



Authority to access and release medical details – death claims



What do I use this form for?

This form is used to allow QSuper to access details of a member's medical records in order to assess a death benefit claim. Please complete in blue or black ink.

PLEASE NOTE:

All sections are to be completed by you.



When completed, please forward this form to:

QSuper
GPO Box 200
Brisbane Q 4001

PART A MEMBER DETAILS

Title: Mr Mrs Miss Ms Dr

Surname:

Given names:

Date of birth: / / (dd/mm/yyyy)

Member number:

PART B CLAIMANT DETAILS

Surname:

Given names:

Postal address:

State: Postcode:

Phone number (home): (work):

(mobile):

Relationship to member:

- I give my consent to QSuper, its agents, and advisers, to contact medical practitioners consulted by _____ (member's name) including, but not restricted to those listed.
- I authorise these medical practitioners to release such details (which may include sensitive or health information) to QSuper, its agents, and advisers, as may be requested.
- I further consent to QSuper releasing medical and other information (which may include sensitive or health information) to other parties used to consult in relation to this claim.

(Signature)

X

SIGN HERE

(Date - dd/mm/yyyy)

/ /

Important:

Please turn over page for completion of form.

Authority to access and release medical details

PART C MEDICAL PRACTITIONERS' DETAILS

Practitioner 1

Name:

Postal address:

State: Postcode:

Phone number:

Date of last appointment: / / (dd/mm/yyyy)

Practitioner 2

Name:

Postal address:

State: Postcode:

Phone number:

Date of last appointment: / / (dd/mm/yyyy)

Practitioner 3

Name:

Postal address:

State: Postcode:

Phone number:

Date of last appointment: / / (dd/mm/yyyy)

Practitioner 4

Name:

Postal address:

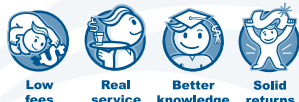
State: Postcode:

Phone number:

Date of last appointment: / / (dd/mm/yyyy)

Contacting QSuper

81 George Street Brisbane Q 4000
 GPO Box 200 Brisbane Q 4001
Phone 1300 360 750
 Fax 07 3235 4396



qsuper.qld.gov.au

Your privacy

The privacy of your personal information is important to us. We are collecting the information on this form for the administration of your super and to assess your entitlement to benefits. If you would like further information about our privacy policy, you can download QSuper's *Your privacy* fact sheet from our website. Alternatively, call us and we will send you a copy.



SFN: 2610 419 41
 ABN: 60 905 115 063