



# Authority to collect and disclose personal information

## Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information.](#)

The Department of Veterans' Affairs needs to collect personal information for the purpose of determining and managing your claim.

Claimant's full name

I

Claimant's address

of




POSTCODE

authorise the Department of Veterans' Affairs (DVA) to obtain medical/psychological, clinical, employment or other information about me from service health centres, medical practitioners, hospitals, clinics, allied health service providers (e.g. physiotherapists, occupational therapists), employers, insurance companies, Australian Government Departments or Agencies, or other organisations in relation to this claim or its review.

Also, for the purpose of determining and managing my claim, I consent to the disclosure of my personal information by DVA to any of the following and/or their legal representatives:

- current and previous employers;
- the Department of Defence
- the Department of Human Services (including Centrelink)
- the Australian Taxation Office
- the Child Support Agency
- Medicare
- Federal, State and Territory Workers' Compensation Authorities
- Doctors, hospitals and other health care professionals who have provided me with treatment or who have been requested to assist with the determination and management of my claim, or
- State and Local Government Authorities to verify my eligibility for rebates or concessions relating to rates, electricity, transport, motor vehicles and ambulance.

Further, I authorise the representative or organisation nominated below (*if applicable*) to act for me in respect of this claim and any review of a decision relating to this claim.

Full name and/or organisation

Representative  
(if applicable)

This authorisation will continue until I:

- revoke this authorisation; or
- nominate another representative or organisation to act for me.

Claimant's signature (or legal representative's signature)

Date

*Digital signatures are not accepted, a hand signed hard-copy must be supplied.*

**Post your completed form to:**

**Department of Veterans' Affairs  
GPO 9998, in your Capital City OR  
PO Box 1357, Townsville QLD 4810**