



Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by DVA for the delivery of government programmes 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.](#)

To:

1. Doctor name

2. Address

POSTCODE

3. Claimant title

Mr Mrs Miss Ms Other

4. Client surname

5. Client given name(s)

6. Client home address

POSTCODE

I hereby authorise you to discuss and furnish the nominated Rehabilitation Provider organisation (*name*):

and/or my DVA Rehabilitation Co-ordinator with medical information relating to my condition of (*compensable condition(s)*):

as required to assist in my rehabilitation.

I understand that any information obtained will be treated confidentially and used solely for the purpose of considering my rehabilitation and compensation entitlements.

7. Signature

Date

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