



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.](#)

1. Claimant title

Mr Mrs Miss Ms Other

2. Client surname

3. Client given name(s)

4. Client home address

 POSTCODE

I hereby authorise the following doctors, hospitals, health professionals and/or rehabilitation providers to discuss and furnish my DVA Rehabilitation Co-ordinator and/or the nominated Rehabilitation Provider organisation with medical information relating to my condition(s) of *(state compensable condition(s))*:

as required to assist in my rehabilitation.

1 Name of practitioner

Phone [] [] Fax [] []

Address
 POSTCODE

2 Name of practitioner

Phone [] [] Fax [] []

Address
 POSTCODE

3 Name of practitioner

Phone [] Fax []

Address

POSTCODE

4 Name of practitioner

Phone [] Fax []

Address

POSTCODE

5 Name of practitioner

Phone [] Fax []

Address

POSTCODE

6 Name of practitioner

Phone [] Fax []

Address

POSTCODE

7 Name of practitioner


Phone [] Fax []

Address

POSTCODE

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

5. Signature



Date / /