

Consent to exchange personal information

While you are dealing with the National Injury Insurance Agency, Queensland (NIISQ Agency), we may need to ask others for your personal information. This could include reports, clinical notes, medical reports, imaging, results, medical and other information about you.

If you are a NIISQ participant, this information helps us to provide you with treatment, care and support services.

By signing this form, you are providing your consent for other parties to give us your personal information.

We, the NIISQ Agency may also be required to provide your personal information to other organisations. The NIISQ Agency is authorised by the *National Injury Insurance Scheme (Queensland) Act 2016* (NIISQ Act) to provide your personal information to:

- the Motor Accident Insurance Commission
- the Nominal Defendant under the *Motor Accident Insurance Act 1994* (Qld)
- an entity that is the same as or similar to the Nominal Defendant under a law of the Commonwealth or another State
- an insurer carrying on the business of providing workers' compensation insurance, personal accident or illness insurance, or insurance against loss of income through disability
- an entity that is the same as or similar to us under a law of the Commonwealth or another State
- a department, agency or instrumentality of the Commonwealth, the State or another State
- the agency under the *National Disability Insurance Scheme Act 2013* (Cwlth)
- a hospital, including a private hospital
- an ambulance or other emergency service
- a doctor
- a person who is appropriately qualified to assess the treatment, care or support needs of a person
- a provider of treatment, care or support services, including, for example, attendant care and support services
- an employer or previous employer of an injured person
- an educational institution

If we collect personal information about you from the above parties, we will use, disclose and store this information in accordance with the *Information Privacy Act 2009*, the NIISQ Act and *National Injury Insurance Scheme (Queensland) Regulation 2016* (NIISQ Regulation).

Your personal information will not be released unless permitted or required by law. If you want to know more about how we handle your personal information, you can read our privacy policy or contact our Privacy Officer on 1300 607 566 or NIISQ-Privacy@niis.qld.gov.au.

Injured person (full name)

Participant case number

I (full name)

Date of birth (DD/MM/YYYY)

of (your address)

Suburb / town

State

Postcode

If you are not the injured person please also complete this section:

My Authority Parent Attorney Guardian Other:

(please complete)

Signature

Date (DD/MM/YYYY)