Consent to exchange personal information form

NIISQ

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.**

Participant and/or authorised person details

Injured person (full name)			
Participant case number		**Participant date of birth**	
I (full name of person filling out form)			
Of (your address)			
	City/suburb		
	State		**Postcode**

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

My authority ☐ Parent ☐ Attorney ☐ Guardian ☐ Other

Signature

	Name
	Date

What do we do with your information once we receive it?

Once we receive your information from these other individuals or organisations, we will use it to perform our functions. This may include assessing whether you are eligible to participate in the scheme or assessing your treatment, care and support needs. We may also provide it to other organisations including:

- 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.

This is allowed under the *National Injury Insurance Scheme (Queensland) Act 2016* (NIISQ Act).

Sensitive information: This form collects sensitive information about you, such as your health details or ethnicity. By submitting this form, you consent to NIISQ collecting and handling this information.

Privacy statement: We are collecting your personal information in order to perform our functions under the NIISQ Act. We collect, use, disclose and store your personal information in accordance with the *Information Privacy Act 2009 (Qld)*, the *National Injury Insurance Scheme (Queensland) Act 2016* (NIISQ Act) and the *National Injury Insurance Scheme (Queensland) Regulation 2016* (NIISQ Regulation). If we cannot collect this information, we may not be able to assist you. It is our usual practice to disclose your personal information to the Permitted Entities prescribed in s14 NIISQ Regulation and mandated by s19(3) of the NIISQ Act. Your personal information will not otherwise be released unless the disclosure is permitted or required by law. Further information on how we handle your personal information can be found in our privacy policy including how to access or update your information. You can also contact our Privacy Officer on 1300 607 566 or privacy@niis.qld.gov.au

1300 607 566 enquiries@niis.qld.gov.au

National Injury Insurance Agency Queensland

niis.qld.gov.au