

# Best Practice Guidance

## Medical underwriting and claims | Medical consent form

This document should be considered by all life insurance companies as Best Practice Guidance. It does not form part of the Life Insurance Code of Practice (Life Code).

### MEDICAL CONSENT FORM

The industry in collaboration with the Royal Australian College of General Practitioners has created a standard medical information/history consent form for use when collecting medical information from medical practitioners.

CALI members must obtain fresh consents from their customers whenever a customer applies for cover or makes a claim. CALI members must also notify the customer (or their representative) each time the consent is used to obtain information from a health provider. Health providers can include a medical practitioner, practice, psychologist, dentist, allied health services provider or any hospital.

Only the health information which is reasonably needed to assess the application or claim should be requested to respect the privacy of the customer.

The CALI Board approved this Best Practice Guidance on 15/08/2023.

This Best Practice Guidance is effective from 29/09/2023.

### Version history

Versions	Owner	Date effective from	Change log
1.0	CEO	29 September 2023	

## Attachment

### CONSENT WORDING (FOR LIVING ADULTS)

#### *Notes on releasing information about your health*

*Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.*

*We, [The Insurer], collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.*

*Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent to obtain your health information, unless we reach a different agreement with you.*

**Please sign to accept both Authorities. Withholding your consent can result in delays and might mean we are unable to process your application or claim. Before signing, please read each Authority carefully and the explanatory notes below.**

**Authority 1 explanatory notes** – *through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:*

- *preparing a general report and/or a report about a specific condition;*
- *accessing and releasing your records in SafeScript;*
- *releasing your hospital patient notes;*
- *releasing the results of any investigations they have done; and/or*
- *releasing correspondence with other health providers.*

**Authority 2 explanatory notes** – *through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:*

- *they will be unable to, or did not, provide the report within 20 business days from our request; or*
- *the report provided is incomplete, or contains inconsistencies or inaccuracies.*

*Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.*

**AUTHORITY 1 – TO RELEASE ANY OF MY HEALTH INFORMATION EXCEPT THE CONSULTATION NOTES HELD BY MY GENERAL PRACTITIONER/PRACTICE**

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to **[The Insurer]**, or to third parties they engage.

My health information can be released in the form **[The Insurer]** asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.

**AUTHORITY 2 – TO RELEASE A COPY OF THE FULL RECORD, INCLUDING CONSULTATION NOTES, HELD BY MY GENERAL PRACTITIONER/PRACTICE IN SPECIFIED CIRCUMSTANCES**

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to **[The Insurer]**, or to third parties they engage, only if **[The Insurer]** has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within 20 business days; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I accept both Authority 1 and Authority 2 above and agree to all the following:

- **[The Insurer]** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **[The Insurer]** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.

A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name	
Signature	
Date	