

Authority to Medibank Private to release my information

Personal Details

Member name:	
Member address:	
Member number:	
Date of Birth:	

I hereby authorise Medibank Private to provide to:
(name of solicitor/person/company)

of:
(address)

all details, reports and information (including any personal and sensitive information) it holds about me, relating to my compensation claim. This authority is valid until the claim referred to, is finalised. I understand and acknowledge that this information may include details of services that do not relate to my claim.

Member's signature: _____

Dated: _____