

Claims and Information Consent form



Use this form to provide another person access to your claims and personal information.

What can a person with Claims and Information Consent do?

Once appointed by you (the member), a person with Claims and Information Consent can access - and in some cases update - your personal information. This means they can access and amend your name and contact details, see your membership and correspondence history and obtain details of your claims – including services claimed and the date, provider and cost of each service. If you are insured under multiple policies, the consent applies to your personal information under each of your policies.

Claims and Information Consent must be provided by you (the member) specifically, someone cannot do this on your behalf.

If you choose to do this you can be assured that we will take reasonable steps to protect your personal information from unauthorised access in accordance with the Privacy Act 1988. View our Privacy Policy at ahm.com.au or call 134 246 to have a copy posted or emailed to you. We'll do an ID check when the nominated person contacts us before providing them with access to your personal information, so if their details change, they need to tell us.

If you are the Principal member (the policy is in your name) and you wish to allow someone additional access to manage the policy on your behalf, please complete the Third Party Authority Form instead. See ahm.com.au/forms-guides

Authorise and request that ahm grant the following person/s the right to access my personal and claims information

Name of nominated person

Address of nominated person

Suburb

State

Postcode

Date of birth

Contact number

Email

Only complete this section if you wish to provide consent to more than one person.

Name of nominated person

Address of nominated person

Suburb

State

Postcode

Date of birth

Contact number

Email

Declaration

I may terminate the granting of this right at any time in writing. I acknowledge and agree with ahm's Fund Rules and Privacy Policy and will communicate information contained to the person nominated on this form. I declare this information that I have provided is correct. I understand there are penalties for giving false or misleading information.

Signature

[CLICK TO UPLOAD SIGNATURE](#)

Date / /

Member giving consent (your details)

Name

Member number

Date of birth

Address

Suburb

State

Postcode

Contact number

Email

Submitting your form

The Principal member will need to submit the form online. Scan or take a photo of the completed form, log in to ahm.com.au or the [ahm app](#), go to the **Upload documents** section and upload this form under the Third Party Authority option. You can also post to 'ahm health insurance', Locked Bag 4, Wetherill Park NSW 2164

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