

## Release of information authorisation

# FAX

<b>TO</b>	<b>FAX</b>
<b>COMPANY</b>	<b>EMAIL</b>
<b>FROM</b> Medical Assistance Department	<b>FAX</b> + 61 7 3305 7005
<b>COMPANY</b> Allianz Global Assistance Australia	<b>EMAIL</b> medical@allianz-assistance.com.au
<b>DATE</b>	
<b>CASE NO</b>	<b>NO. OF PAGES</b>
<b>SUBJECT</b>	<b>D.O.B</b>

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Dear ..... (Patient name),

Allianz Global Assistance is the assistance company appointed by your travel insurer to act on their behalf to help customers such as yourself.

In order to help you as quickly and efficiently as possible, we need your help with some necessary formalities.

Please complete in full the Release of Information Authorisation form attached which allows us to communicate with your doctors and return it to us by fax to +61 7 3305 7005, or email to medical@allianz-assistance.com.au.

This information will help us to quickly assess the likely benefits available to you under your insurance.

Thank you for your assistance.

Kind regards,



Medical Assistance Department  
Allianz Global Assistance Australia

### How can we help?

AGA Assistance Australia Pty Ltd  
ABN 52 097 227 177  
Trading as Allianz Global Assistance  
74 High Street Toowong QLD 4066  
[www.allianz-assistance.com.au](http://www.allianz-assistance.com.au)

Medical Assistance Department  
PO Box 162, Toowong QLD 4066  
Tel + 61 7 3305 7262  
Fax + 61 7 3305 7005  
Email [medical@allianz-assistance.com.au](mailto:medical@allianz-assistance.com.au)

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I hereby authorise:

- The release of any and all medical information in relation to me that is held by any hospital, organisation or individual to AGA Assistance Australia Pty Ltd trading as Allianz Global Assistance and its local agent.
- Allianz Global Assistance to use or provide any medical information held about me to such persons as considered necessary to conduct and manage my claim or medical emergency, and
- Allianz Global Assistance to release any information, including medical advice or opinions, provided to them, to any persons that Allianz Global Assistance feel may benefit from the receipt of such information, in the carrying out of their duties in relation to me and my claim.

A signed facsimile or photocopy of this document will constitute such an authority, and may be used in obtaining a copy of my HIC (Australian Health Insurance commission) records.

Signed,

(Signature of patient, legal guardian or next of kin)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

Please also provide us with the following information:

<b>Current treating doctor's details:</b>	
Name:	
Address:	
Telephone Number:	Fax Number:
Name:	
Address:	
Telephone Number:	Fax Number:
<b>Local doctor's details (in home country):</b>	
Name:	
Address:	
Telephone Number:	Fax Number:

### How can we help?

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