

WORKERS' COMPENSATION

Employer Authorisation & Employer Representative Privacy Agreement

<i>Employer Details</i>				
Employer Name				
Employer Address				
Insurer		Employer / Policy Number		State
Insurer		Employer / Policy Number		State
Insurer		Employer / Policy Number		State
<i>This Authorisation and Agreement covers the following information:</i>				
All claims information				
All premium information				
<i>Employer Representative Details</i>				
Representative Name	Claire Graves & Mark Liebman			
Company Name	AB Phillips Pty Ltd			
Company Address	445 Warrigal Road, Moorabbin, VIC 3189			

Employer's authorisation (contact person nominated on policy documentation)

I hereby authorise the employer representative listed above to request and receive information relevant to this claim or employer.

I declare the employer representative listed above has agreed to comply with all privacy obligations that apply to

Signature		Date	
Name			

Employer Representative's privacy agreement

AB Phillips Pty Ltd ("the Employer Representative") agrees to:

- Comply with all privacy obligations that apply to the Employer Representative.
- Comply with all privacy obligations that apply to _____ ("the employer"), whether under the Australian Privacy Principles set out in the Privacy Act 1988 (Cth), the Privacy and Data Collection Act 2014 and/or the Health Privacy Principles set out in the Health Records Act 2001 (Vic), even if the obligation does not otherwise apply to the employer representative.
- Only use and disclose personal information for the purpose of managing the claim identified above and not for any other purpose.
- Take all reasonable measures to ensure that personal information is protected against loss, unauthorised access, use, modification, disclosure or other misuse and that only authorised personnel have access to such personal information.
- Comply with any lawful direction of the employer in relation to any privacy obligation.

Signature		Date	
Name			