Level 2, 45 Wakefield Street
Adelaide SA 5000

CCI Catholic Church Insurance

Medical Authority Form

I ..... , an employee of ....., Claim no .....,

authorise Catholic Church Insurance, Workers' Compensation Injury Management Team, to obtain & provide medical reports, notes and information concerning my work related disability, namely ....., sustained on .....

Confidentiality in accordance with Section 112 of the Workers Rehabilitation and Compensation Act 1986 will be maintained at all times by any employee or contractor representing Catholic Church Insurance.

Please insert treating medical practitioners' names, contact phone number/s and postal address below (include Doctors, physiotherapists, surgeons, psychologists, chiropractors etc.)

.....

.....

.....

.....

.....

.....

.....

.....

I accept that this information will facilitate the management of my claim.

I agree that a photocopy of this authorisation may be treated with the same validity as its original.

Signed: .....

Date: .....

Note: Signing this Authority will assist in the processing of your claim.