

# Third Party Disclosure Authority

This Third Party Disclosure Authority form allows you to provide authority to a Third Party/Parties or an Authorised Person nominated by you to access your Membership and Policy information. The Third Party/Parties will have access to your Certificate of Currency, which confirms your indemnity cover including any non-standard terms that have been issued (if applicable). Any Authorised Person you nominate will be able to act on your behalf in relation to your Membership and Policy, depending on the level of authority that you provide.

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 (Cth). You can view our Privacy Policy at [mdanational.com.au](http://mdanational.com.au) or contact us on **1800 011 255**. We will also appropriately identify any Third Party/Parties or Authorised Person when they contact us.

Please return this form to us either by:

Email: [peaceofmind@mdanational.com.au](mailto:peaceofmind@mdanational.com.au)

Fax: 1300 011 244

Post: MDA National, Reply Paid 85186, SOUTHBANK VIC 3006

## 1. My personal details

Member number:

First name:

Last name:

Preferred mailing address

Email:

Telephone:

## 2. Authority type

Please select from the following options:

**I authorise MDA National Insurance to provide a copy of my Certificate of Currency to:**

The following Hospital/Practice(s) (please provide full name and address):

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

Any third party. This may include, but is not limited to hospitals, employers, employees or medical boards. It is important to be aware that by selecting this option you are authorising your Certificate of Currency to be provided to any third party.

**I authorise MDA National Insurance to provide my nominated Authorised Person, or any person who provides the below password, with access to the following (please tick the appropriate box(es) below nominating your preference):**

Information relating to my Membership and Policy

Make amendments to my Membership and Policy such as my contact details, field of practice and/or Gross Annual Billings

Information relating to any claims, investigations and inquiries that relate to me

**Please select one of the following options:**

**My nominated Authorised Person is:**

First name:

Last name:

Date of birth:

**Or, any person who provides the following password:**         (Limit 8 characters)

*If selecting the password option, the password must be provided prior to MDA National Insurance disclosing any of your information. It is your responsibility to maintain the confidentiality of your password and only provide it to any person/s you authorise to act on your behalf. MDA National Insurance will not be responsible for verifying that any person using your password has been properly authorised by you to do so.*

*Your password can be changed at any time by contacting our Member Services team on **1800 011 255** and the authorisation will remain current until it is revoked by you.*

**Please sign and date here**

Signed:

Date:

/ /