



FSC Standard No. 26: Consent for accessing Health Information

21 June 2019

<p>FSC Membership this Standard is most relevant to:</p>	<p>This Standard is relevant to FSC Members broadly. However, it is of particular relevance and binding upon FSC Members who are “Life Insurance Provider(s)” as defined in FSC Guidance Note 5 Industry Terms and Definitions.</p> <p>This definition includes any FSC Member that is a friendly society which is authorised by Australian Prudential Regulation Authority (APRA) to carry on life insurance business under the Life Insurance Act 1995 (Cth) and/or is treated by the Act as if it were so registered under that Act.</p>
<p>Date of this version (and commencement):</p>	<p>This Standard was issued on 21 June 2019 and starts on 1 July 2019. FSC Members must adopt this Standard as soon as reasonably practical, but not later than by 1 July 2020.</p>
<p>History (prior version) of this Standard:</p>	<p>This Standard was first approved by the FSC Board on 21 June 2019.</p>
<p>Main Purpose of this Standard</p>	<p>The purpose of this Standard is to ensure that, when obtaining information from health practitioners about customers, FSC Members use a standardised consent wording developed in agreement with the Royal Australian College of General Practitioners (RACGP) as well as a process to inform customers as to when this consent will be used.</p>

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1. Introduction

- 1.1. FSC Members need to collect information about people’s health as part of their processes to assess claims and applications for cover.
- 1.2. Life insurers cannot obtain this information without the person’s consent.

2. Purpose

- 2.1. The Standard aims to ensure that, when obtaining health information, there is a clear, informative and transparent consent wording that is consistently used across the life insurance industry, other than for death claims and claims for children.
- 2.2. Given the sensitive nature of health information, FSC has agreed with the Royal Australian College of General Practitioners (RACGP) that when obtaining information from health providers about adults, FSC Members will use the agreed wording in section 5 of this Standard so that there is agreement about the limited circumstances when life insurers can obtain a copy of the patient’s consultation notes held by General Practitioners/Practices.
- 2.3. FSC Members will use the agreed consent wording in any format they choose, and may adapt it to align to their preferred branding, type face etc, but not change the wording, other than where indicated as ***[bold italics]***.

3. Use of consent

- 3.1. Each time someone applies for cover or makes a claim, FSC Members will obtain a fresh consent.
- 3.2. FSC Members will respect people’s privacy by only asking for the health information they reasonably need.
- 3.3. Each time a person’s consent is used, FSC Members will inform them (or their representative).

4. Definitions

Health provider – a medical practitioner, practice, psychologist, dentist, allied health services provider or any hospital.

5. Consent wording (for living adults)

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, **[The Insurer]**, collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Even if we collect information from health providers (such as your General Practitioner), before the insurance starts you must still tell us every matter (including about your health) that is relevant to our decision about whether to offer you insurance, and if so, on what terms. This is your Duty of Disclosure under the Insurance Contracts Act 1984 (Cth).

Please read each Authority carefully and the explanatory notes below.

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to **[The Insurer]**, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form **[The Insurer]** asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- **[The Insurer]** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **[The Insurer]** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

[Name:]	
[Signature:]	
[Date:]	

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to **[The Insurer]**, or to third parties they engage, only if **[The Insurer]** has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- **[The Insurer]** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **[The Insurer]** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

[Name:]	
[Signature:]	
[Date:]	