

# Konnect NET Consent for release of health information

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## Some definitions used in this consent form:

**Insurer:**

Name of your insurer

**Person to be insured:** This is you, the person getting insurance in this application

I,

Your first name

Your last name

**the person to be insured,**

**my date of birth**

Your date of birth (DD/MM/YYYY)

**, understand that:**

- The Insurer needs to know relevant aspects of my past and current health status as this is used to determine the details of the insurance product they offer to me.
- This health information might also be used by the Insurer for the purposes of renewing / updating my policy, and or if I make a claim against this policy.
- For this to happen the Insurer needs to view and retain a copy of only the components of my health information that are relevant to this use and in some cases may need to view all my health information. This will depend on the nature of any previous or current health issues, and the type and size of insurance product I am applying for.
- The health information needed will vary depending on my past and current health status as well as the type of product I am applying for. Examples of health information the Insurer may require include but are not limited to: past and current diagnoses (e.g. heart disease or depression) or signs/symptoms (e.g. headaches or low mood); consultation notes; physical measures such as blood pressure; blood tests and other lab reports; and specialist reports.
- It is voluntary for me to give my consent, however if the Insurer is unable to obtain this health information it limits and potentially prevents their ability to offer me an insurance product and or my ability to claim against this policy.
- The Insurer will store a copy of the health information securely for the duration of this policy with them and for a period of time after this policy ends. They will only view it again if there is a need related to a policy question, renewal, or change, or if I submit a claim against this policy.
- I am entitled to request access to the health information the Insurer has on file for me and to request corrections where necessary.

Consequently, I give consent for the Insurer to request and receive my health information from my General Practitioner and other relevant practitioners/organisations holding this information, and for these practitioners/organisations to release this information, to be used for the above purpose.

**Signature:**

Your signature

Date of signing (DD/MM/YYYY)