



Medical Practitioner

Authority to Release Information

I, _____, hereby authorise

(Insert name)

(Please tick)

- AVANT
- INVIVO
- MDA NAT
- MiGA
- MIPS
- TEGO
- Other _____

N.B Medical Board of Australia approved insurers only include these listed. If you have a different insurer you must provide evidence from AHPRA that this is acceptable.

to provide confirmation of my indemnity insurance to The Toowoomba Clinic Medical Administration.

My member number is: _____

My date of birth is: _____

The information provided may include the following details:

- Name
- Address
- Member ID
- Policy number
- Policy start and end dates
- Policy limit
- Category of practice
- State of practice

This authority to release information is valid for the The Toowoomba Clinic accreditation cycle 2019 – 2025.

Signed: _____

Date: _____