

AUTHORITY TO RELEASE INFORMATION FROM INSURER

To Whom It May Concern

I ..... Member Code ..... give permission for a copy of my current membership certificate to be provided to St Andrew's Toowoomba Hospital upon request for a period of three (3) years.

The information provided may include the following details:

- Name
- Address
- Member Code
- Policy Number
- Policy Start and End Dates
- Policy Limit
- Category of Practice
- State of Practice

.....  
Signature

...../...../.....  
Date