New ACC Claim ?	Details for ACC			
☐ No	☐ Yes			
	1. Date of Accident		2. Location of Accident *(eg. city)*	
	3. Description of what happened, *(including area of the body injured)*			
	4. Is this a work related injury?	☐ No ☐ Yes		
		4.(a) Employer		
		4.(b) Work location		
	5. Work Intensity *(if working)*	☐ Sedentary ☐ Light ☐ Medium ☐ Heavy ☐ Very Heavy		
	6. Ethnicity *(optional)*			

To be filled in if you already have filed an ACC claim for this injury

1. ACC45 number *(eg XX12345, if known)*		2. Where ACC was filed	
3. Area Injured		4. Date of Accident *(Approximately)*	

ACC PATIENT AUTHORISATION AND DECLARATION

Why we ask for your authority to collect your medical and other records:

- To establish cover and/or assess your entitlement to compensation, rehabilitation and treatment, we may need to collect medical and other records about you from a third party, such as your General Practitioner (GP), other medical professional, employer, or other government agencies. We need your authority to collect them.
- These records could include: medical reports, details of your accident, medical history relevant to your claim, specialist reports and assessments, your employment details and history, income and tax records. In each case, we'd only seek records that are or may be relevant to your claim during the life of your claim.
- We'll comply with the Privacy Act 1993, the Health Information Privacy Code 1994 and the Accident Compensation Act 2001 when collecting, using and managing personal information. You have the right to access any information we hold about you. You can also ask us to correct the information we hold about you.
- For more details see ACC's privacy notice at www.acc.co.nz/privacy.

I authorise:

- ACC to collect medical and other records which are or may be relevant to my claim.
- the treatment provider to lodge this claim for me.

I declare:

- that the information I have given in this form is true and correct.

Patient to sign here
or legal guardian
or representative..... Date .....