



### 3 Data Protection and release of medical records *(to be signed and dated by the patient)*

References to information includes personal information given by you to us, in your Application, Claim or Treatment Guarantee Form and/or supporting documents/information we collect in connection with products or services we provide. Allianz Worldwide Care, part of the Allianz Group, is the data controller for this information.

**Uses:** Personal information may be used for insurance administration (e.g. underwriting, claims handling, fraud prevention). We may use third parties to process data on our behalf. Such processing, which may take place outside the European Economic Area (EEA), is subject to contractual restrictions regarding confidentiality and security in line with Data Protection obligations.

**Sensitive data:** We need to collect sensitive data relating to you (e.g. health details), to assess insurance terms and/or administer claims.

**Disclosure:** We may share your information with our agents, members of the Allianz Group, other insurers and their agents, service providers, any intermediary acting on your behalf or governing/regulatory bodies (of which we are a member or by which we are governed). In certain circumstances, we may use private investigators to investigate a claim you have submitted.

**Retention:** We are obliged to retain your records for six years from the date the insurance relationship ends. We will not retain your data for longer than necessary and will hold it only for the purposes for which it was obtained.

**Representation and Consent:** By signing this form you confirm that you have the authority to act on behalf of your dependants in respect of all personal information you provide to us, and that you consent to the disclosure, processing, usage and retention of this information in relation to yourself and on behalf of your dependants.

**Access:** You have the right to request and receive a copy of your personal data held by us. If you wish to do this, please write to the Data Protection Officer at the address provided on this form or via [client.services@allianzworldwidecare.com](mailto:client.services@allianzworldwidecare.com).

**Call recording:** Calls to our Helpline will be recorded and may be monitored for training, quality and regulatory purposes.

I certify that to the best of my knowledge, this Claim Form does not contain any false, misleading or incomplete information. I understand that in the event that this claim is found to be fraudulent, in whole or in part, the contract may be cancelled from the date of discovery of the fraudulent event and I may be liable to prosecution.

I agree to waive any rights that I may have to medical secrecy/confidentiality in respect of my medical information and I authorise my medical practitioner, health professional or other relevant medical establishment to provide relevant medical information relating to me, if requested by Allianz Worldwide Care, its medical advisers, its appointed representatives, or to any third party expert(s) in case of disputes, subject to any legal restrictions which may apply.

**If a minor was treated, a parent or guardian should sign this section.**

Patient's signature \_\_\_\_\_

Date (dd/mm/yy) \_\_\_\_\_

#### **Important – please check the following:**

- All original receipts, invoices and prescriptions are attached.
- The Medical Provider Claim Form is completed in full (including GOP reference number, where available).
- The declarations are signed and dated.
- The diagnosis has been confirmed and is either stated on the Medical Provider Claim Form or on the invoices.

Please send the fully completed Medical Provider Claim Form(s) with original invoices attached (photocopies cannot be accepted) to the following address:

**Claims Department, Allianz Worldwide Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.**

*We advise that you keep copies of all correspondence with us as we cannot be held responsible for correspondence that does not reach us for any reason that is outside of our reasonable control.*

If you have any queries please contact our Helpline on: + 353 1 630 1301 or email: [client.services@allianzworldwidecare.com](mailto:client.services@allianzworldwidecare.com).  
For our latest list of toll-free numbers, please visit: [www.allianzworldwidecare.com/toll-free-numbers](http://www.allianzworldwidecare.com/toll-free-numbers)