

Delegation of Authority

MIPS is bound by the National Privacy Principles contained in the Privacy Act, and is unable to provide any details regarding your membership to anyone other than yourself without your written authority. This authority does not apply to any non membership information, such as claims data.

Member Details

Member Number					
First Name			Surname		
Date of Birth	/	/	Contact Number		
Address					
Suburb		State		Postcode	

Please complete the relevant section if you wish to nominate an organisation (e.g. hospital or practice) or agent to have authority to obtain information regarding your MIPS membership.

Nominated Organisation

Organisation					
Contact Number		Fax			
Email					
Address					
Suburb		State		Postcode	

Nominated organisations have authority to obtain information regarding your MIPS membership for the purposes of accreditation.

Nominated Agent

First Name			Surname		
Relationship			Date of Birth	/	/
Contact Number		Email			
Address					
Suburb		State		Postcode	

I understand I have been nominated as an Agent for the above MIPS Member and may access their membership details as mentioned.

Agent Signature		Date	/	/
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Nominated agents have authority to obtain information regarding your MIPS membership and make requests on your behalf. The nominated agent will not be able to make changes to your membership details (e.g. changes to membership category or practice state).

Member Declaration

I authorise MIPS to provide personal information relating to my membership, the category of my membership, my period of cover and any other details relevant to demonstrating that I am a member, to the nominated organisation or agent outlined above. I understand I may revoke this delegation at any time by advising MIPS in writing.

I authorise access to my membership details for the following period: 1 year 2 years 3 years

I authorise my nominated agent to make amendments to my membership contact details only: Yes No

Member Signature		Date	/	/
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