

# ACC6300 Authority to collect medical and other records

<b>3. Declaration</b>	
Please read and sign the following declaration:	
I authorise ACC to collect medical and other records which are or may be relevant to my claim.	
Client name: [Client full name auto] <i>Sharon Henderson</i>	Claim number: [Claim number auto]
Signature: <i>Sharon Henderson</i>	Date: <i>11/8/21</i>
<b>4. Client representative's declaration</b>	
If applicable, please read and sign the following declaration:	
I declare that I have authority to consent on behalf of the client to the collection of medical and other records that are or may be relevant to his or her claim. I authorise ACC to collect medical and other records which are or may be relevant to my client's claim.	
Signature: <i>Sharon Henderson</i>	Date: <i>11/8/21</i>
Representative's name:	Phone number:
What is your relationship to the client?	
Why is the client unable to sign this form?	