Health Management **Program Form**

Benefits are only payable where:

- The services are required to enable the HIF member to undertake a health management program for the treatment of a health related condition;
- The health management program has been recommended to the member by an HIF recognised provider who has the member under their care for the treatment of the health related condition;
- All supporting documentation required by HIF in relation to the health management program has been completed in the manner required by HIF;
- The provider/facility is recognised by HIF; and
- The member holds the appropriate level of Extras cover.

Please note: This form will remain current for two years from the date your healthcare professional has signed this form. A new Health Management Program form will be required beyond this date.

To be completed by the HIF member:

Member number: _____ Title: _____

First name: _____ Surname: _____

Date of birth: _____

To be completed by healthcare professional (GP, Specialist, Physio, etc):

- ☐ GP
- ☐ Specialist Medical Practitioner
- ☐ Physiotherapist
- ☐ Chiropractor
- ☐ Exercise Physiologist
- ☐ Occupational Therapist

Please note this form cannot be completed by the provider of the program (eg. a gym or a personal trainer).

Healthcare professional name: _____ Provider No.: _____

Address: _____

Phone Number: _____

Please indicate the diagnosed medical condition that this Health Management Program is intended to manage or improve:

- ☐ Diabetes
- ☐ Osteoporosis and Osteopenia
- ☐ Obesity (defined as BMI>30)
- ☐ Rehabilitation
- ☐ Orthopaedic Conditions
- ☐ Back Pain
- ☐ Musculoskeletal Conditions
- ☐ Cardiac Conditions
- ☐ Other

If other please list condition _____

Declaration - to be completed by your referring healthcare professional:

I declare that I have recommended the directive to undertake exercise is part of a health management program for the diagnosed medical condition listed overleaf and all the information on this form is true and correct.

Signature: Date:

Declaration - to be completed by the HIF member

I declare that I am undertaking a health management program for treatment of a health related condition. I acknowledge that I must notify HIF if I cease this program or enter into a new program. I consent to HIF collecting, using or disclosing my personal information for the purposes set out in the HIF Privacy Policy (which can be found at **hif.com.au**).

Signature: Date:

Once you have completed the form, please email it to us at **hello@hif.com.au** or mail to:

Claims Department, Health Insurance Fund of Australia
Whadjuk Country, GPO Box X2221, Perth WA 6847

Privacy Collection Statement

At HIF we comply with the *Privacy Act 1988* to ensure that your personal (including sensitive) information is protected. HIF collects your personal (including sensitive) information to provide you with private health insurance services. If you choose not to share this information with us, we may not be able to provide you with such services. To perform private health insurance services, such as paying benefits, HIF may disclose your personal information to persons or organisations within Australia.

HIF collects, uses, and discloses your personal information in accordance with our Privacy Policy and the Private Health Insurance Collection Statement at **hif.com.au/privacy** which explains how HIF handles your personal information. This includes information on acknowledgement and consent, how we may collect, use and share your personal information, how to access your personal information and correct it when it is wrong, and how to make a privacy related complaint and how we will respond to it.

If you would like a copy of our Privacy Policy, need more information, or have a privacy concern, you can call **1300 134 060**, email privacyofficer@hif.com.au, or mail HIF's Privacy Officer at GPO Box X2221, Perth WA 6847.