

HBF Member Card Terms and Conditions of Use

In these Terms and Conditions:

Card means the card issued by HBF to you as a Member of HBF, which will allow you to electronically submit your claim to a participating electronic claiming service provider.

HBF means HBF Health Limited.

Member means a health insurance member of HBF.

By using the Card, you accept and agree to abide by the following terms and conditions of use:

1. HBF will provide a Card to the owner of the policy and partner. If requested by you, each dependent under your membership will also be provided with a Card.
2. All Cards remain the property of HBF and must be destroyed or returned to HBF if we request you to do so.
3. Should a Member require a replacement of a Card, HBF will cancel the existing Card and issue a replacement Card to the relevant Member.
4. When you use the Card you must always properly identify the person treated and eligible for benefits.
5. When you make a claim using your Card you consent to HBF collecting sensitive information:
 - directly from your provider or where your claim is submitted through an electronic claim service provider from that service provider (**Third Party**); or
 - if your claim is submitted on your behalf by another Member covered under your membership who is not the recipient of the treatment or service to which the claim relates, that Member gives consent on your behalf.
 - To assist in the collection and processing of information by HBF for the claim, you, or the Member submitting the claim, authorises the provider or Third Party to provide HBF with all clinical records and any additional information or assistance which HBF requires to review, process and audit the claim.
6. You are responsible for the safe keeping of your Card and for any Card that has been issued to a dependent upon your request. This includes:
 - not showing or providing your Card or details of your Card to any person not displayed as a member on your Card;
 - not leaving a Card in the possession of any health provider at any time.
7. HBF reserves the right to cancel any Card in the event of improper or unauthorised use.
8. HBF may block, or terminate your Card:
 - if we reasonably suspect fraud;
 - if your membership is cancelled;
 - if you are in default of your card terms and conditions;
 - if required by law; or
 - for any other reason as reasonably determined by HBF.
9. You are required to notify HBF as soon as you become aware that your Card is lost, stolen or being used by an unauthorised person so that your Card can be cancelled and replaced. Cancellation takes effect immediately and you will no longer be able to use the Card to make a claim.
10. HBF will not accept any liability for any loss to you, including benefit entitlements resulting from any unauthorised or incorrect use of your Card, including the misuse of a lost or stolen Card.
11. Existing Cards will be automatically cancelled in the event that a policy lapses or is cancelled by either HBF or by a Member.
12. Where there are any changes to your HBF membership, including changes to the people covered under your membership, a name change, or policy change you will be issued with a new Card. Your existing Card will be valid for a further 14 days after the membership changes are made, after which time it will be cancelled and the new Card must be used.
13. HBF may amend these terms as reasonably required at any time. We will provide reasonable notice of any changes that we propose to make on our website. You will be regarded as having agreed to these changes where you continue to use the Card following notification of the changes to these terms and conditions.

Your Privacy

HBF Health Limited (**HBF**) complies with the *Privacy Act 1988* (Cth) to ensure that your personal (including sensitive) information is protected. When you use your Card HBF will collect your name, membership number, details of the medical service provided to you, the provider who supplied this service to you, the cost of the service and the date of the service (**Information**) either from you, from your provider or where your claim is submitted through an electronic claiming service provider (**Third Party**), from that Third Party.

HBF will use the information collected from your provider or a Third Party to assess, process and audit your claim. We may not be able to perform these functions or only perform them to a limited extent if you do not provide us with your Information.

The Information we collect may be disclosed to other companies in the HBF Group, our service providers who provide claim auditing services to us, regulatory bodies and government agencies (such as the Commonwealth Department of Health, the Private Health Insurance Ombudsman, AHPRA and Medicare) and other parties to whom we are authorised or required by law to disclose information.

By making this claim you give your consent for HBF to share the Information we collect with members of the HBF Group as necessary for the purpose of preventing and detecting misrepresentation, fraudulent or invalid claims.

HBF collects, uses and discloses your Information in accordance with our Privacy Policy which is available at hbf.com.au or on request by calling an HBF member service advisor on 133 423. Our Privacy Policy contains further information about how HBF handles your Information. This includes information on how you can access and/or seek the correction of your Information that we hold about you as required by law and make a complaint about the way your Information is being handled by HBF and how HBF will deal with your complaint. If you have any questions about how HBF handles your Information, please contact our privacy officer by writing to GPO Box C101, Perth WA 6839 or by telephone on 1300 883 530.