

Recovery at Work: Appendix C: Medical Consent Form

Medical Consent Form

The information gathered and shared to facilitate my recovery at work will inform my injury management plan, Recover at Work Plan, and workers compensation claims management. A copy of any relevant written report may be provided on request. All information released and discussions will be subjected to confidentiality and privacy restrictions that are detailed within ACU's Recovery at Work Program.

This consent is obtained on a voluntary basis.

Staff **AUTHORISATION** to obtain medical and recovery at work information

I give permission for ACU's Return to Work Consultant to discuss and share information about my injury/illness with my treating doctor/s, rehabilitation providers or any other relevant person (such as treatment providers) who may be involved in managing my Recover at Work Plan. This exchange of information will facilitate my recovery.

Name of Staff Member:	
Signature:	
Date:	
Name of Witness:	

Important:

Some organisations are legally entitled to receive injury management information about an injured worker who is claiming workers compensation, such as insurers and their legal advisors, the States or Territories Workplace Authorities, Courts of Law and Workers Compensation Commissions if applicable.