

ABN 83 687 563 395

AUTHORITY AND CONSENT FORM FOR THE EMPLOYER AND/OR RETURN TO WORK CORPORATION OF SOUTH AUSTRALIA TO BE PRESENT AT **EXAMINATION OR TREATMENT OF WORKER**

Completion of this form is optional

This form is only valid if it is printed and signed in wet ink (a photocopy of this form signed in wet ink is valid)

The purpose of this form is to record your voluntarily written consent for the representative(s) of your employer (including a third party agent acting on the employer's behalf) and/or ReturnToWorkSA (including its claims agents) named below to be present while you are being physically or clinically examined or treated by a health practitioner, or undergoing a diagnostic examination or test for the purposes of your treatment by a health practitioner.

You are not required to provide your consent. You have the right to decline any request by your employer (including its agent) or ReturnToWorkSA (including its claims agents) to be present whilst you are undergoing examination or testing by, or receiving treatment from, a health practitioner.

If you do provide your consent, your medical and health information will be treated as confidential and will be protected by sections 185 and 186 of the Return to Work Act 2014 and only disclosed in limited permitted circumstances. You may revoke your consent at any time, either verbally or in writing, and either entirely or in relation to any particular examination, testing or treatment appointment.

Given names:

If you do not provide your consent, your claim will not be adversely impacted in any way.

You should read the information overleaf prior to completing this form.

Injured Worker Details

Surname:

Date of birth:		Email:	
Telephone:		Claim number(s):	
Address:		Injury(ies):	
Employer Representative (insert name(s) as applicable)		
Employer:		Employer's Agent:	
Employer representative name(s):			
ReturnToWorkSA Representative (strike	out non-applica	ble)	
eturnToWorkSA Employer's Mu		ıtutal Limited	Gallagher Bassett
Representative name(s):			
Authority for representatives to be present during I,, he above to be present while I am being physically or cli required for the purposes of being treated by a health	ereby consent for th inically examined on	ne Employer Representative(s) r treated by a health practition	
I confirm this consent remains valid for 6 months from	m the date of my sig	gnature below.	
Signature of injured worker:			Date
Signature of injured worker's parent or guardian*:			Date:



*required if the injured worker is under 18 years of age

Employer or ReturnToWorkSA attendance at medical appointments - Notice

This Notice clarifies requirements relating to worker choice of health practitioners and employer and/or ReturnToWorkSA attendance at medical appointments.

Legislation

The *Return to Work Act 2014* provides under section 17A that a worker's employer (including a third party agent acting on the employer's behalf) or ReturnToWorkSA (which includes its claims agents, being Employers Mutual Limited and Gallagher Bassett) must not be present whilst the worker is:

- being physically or clinically examined, or treated, by a health practitioner; or
- undergoing any diagnostic examination or test for the purposes of their treatment by a health practitioner,

unless the worker has provided their written agreement in the prescribed form to their employer and/or ReturnToWorkSA being present during the examination, treatment or testing.

Health Practitioners

The following persons are health practitioners:

- a medical practitioner (being someone who practices medicine, such as a general practitioner doctor or specialist medical doctor);
- a dentist;
- a psychologist;
- an optician;
- a physiotherapist;
- a chiropractor;
- a podiatrist;
- an occupational therapist;
- an osteopath; and
- a speech pathologist.

Your Rights

When you require treatment for a work injury, you have the right to choose which individual health practitioners you receive treatment from.

Whilst an employer or ReturnToWorkSA may recommend a health practitioner to you, you have the right to choose your own treatment provider.

You have the right to privacy when you are being physically or clinically examined or treated by a health practitioner or undergoing any diagnostic examination or test.

You have the right to refuse a request from your employer or ReturnToWorkSA to be present when you are being physically or clinically examined or treated by a health practitioner, or undergoing any diagnostic examination or test.

There is no legal requirement for your employer or ReturnToWorkSA to be present whilst you are being examined or treated by a health practitioner.

Employer & ReturnToWorkSA involvement

Your employer has a legitimate interest in your health, safety and wellbeing as their employee and may well offer to assist you to seek immediate medical treatment following notification of a work injury occurring.

Your employer and ReturnToWorkSA are interested in your capacity for work and your return to work options. By interacting with your treating health practitioners, your employer, ReturnToWorkSA and your treating health practitioner(s) are best placed to support to you to successfully recover from your injury and make a safe return to work.

There are alternative arrangements available for your employer and ReturnToWorkSA to engage with your treating health practitioners without the need to be present at your medical appointments (i.e. medical case conferences held after medical appointments either in person or by teleconference).

Privacy & Confidentiality

Information about your physical and mental condition and personal circumstances or affairs is confidential and protected from disclosure by sections 185 and 186 of the *Return to Work Act 2014*. This includes all information about your claim and injuries provided by you or your treating health practitioners to your employer and ReturnToWorkSA.