

Authority to obtain information 获取资料授权书

The aim of your return to work service provider (the provider) is to assist you to return to and/or remain in suitable employment and/or assist you to achieve re-integration into the community. In addition to speaking with your case manager, they may need to discuss confidential information relevant to your injury with your doctor, medical provider/s, employer and in some instances other people/organisations and obtain information from them. By completing this authority to obtain information (the authority) you are giving your provider permission to obtain information relevant to your return to work activity.

你的返回工作岗位服务机构(该机构)的作用是帮助你返回及/或保留适当的工作及/或帮助你重新融入社区。除了跟你的个案经理交谈之外, 该机构可能需要跟你的医生、医疗机构、雇主, 以及在某些情况下还需要跟其它人员/机构讨论有关你的伤痛的保密资料, 并向他们索取资料。通过填写这份获取资料授权书(此授权书), 你就允许你的机构获取有关你的返回工作岗位资料。

I (please print): / 本人(请用正楷字体):

claim number (if known) / 理赔编号(如果知道的话):

authorise my provider (specify organisation) /

授权我的机构(说明机构名称):

to obtain information relating to my injury/illness (specify) /

从右方我所授权指定的人员 / 机构, 获取有关:

sustained at work on or about (date) /

我在(日期)或大约在(日期)工作时遭受的伤痛/疾病的资料

(须说明): ____ / ____ / ____

from the following people/organisations I have indicated to the right to assist in the management of my recovery and/or return to work.

以协助管理我的复健及/或返回工作岗位。

Refer to user notes on reverse

参考背面的用户备注

For general authority, please tick the box/es provided.

To limit authority, do not tick the box/es. Instead, write the names of people/ organisations you are authorising on the dotted line/s. You may also choose a combination of general and limited authority.

对于一般授权, 请在所提供的方框打勾。**对于有限制的授权**, 不要在方框打勾。而要把你所授权的人员姓名/机构名称写在虚线上。你也可以选择结合一般及有限制的授权。

Assessing and treating medical doctors /
评估及治疗的医生

Assessing and treating medical providers (e.g. physiotherapist) /
评估及治疗的医护人员(例如, 物理治疗师)

Pre-injury employer representatives /
受伤之前的雇主代表

Host employers / 目前雇主

Potential/new employers / 将来/新雇主

Training organisations / 培训机构

Other (e.g. union representative, community organisations) /
其它(例如, 工会代表、社区组织)

I approve a copy of the authority, including an electronic version, being treated as the original. The authority is valid for the duration of my claim unless it is superseded by a new authority or until such time as either I, or my representative, revoke the authority.

我同意授权书副本, 包括电子版, 可如原件一样使用。除非有新的授权书替代或直至本人或我的代表取消授权书, 授权书在我的理赔期内有效。

Signature 签名	Date 日期
<input type="text"/>	<input type="text"/>

Instructions for completing the Authority to obtain information

The Return to work service provider must arrange for this authority to be completed and signed by the worker prior to any information of a confidential nature being obtained in relation to the worker's recovery and return to work. It is important the worker be provided assistance to fully comprehend the purpose and use of the authority and offered assistance to complete the Authority to obtain information form (the form). Further information may be obtained from ReturnToWorkSA on 13 18 55.

1. The worker has the right to seek independent advice before signing the form. This is not a prescribed form and therefore the worker has the right to alter the form or provide an alternative authority.
2. Involvement of a representative of the worker should occur only if requested/authorised by the worker.
3. Prior to obtaining confidential information, providers must ensure the authority is valid (e.g. has not been revoked by the worker) and the information is relevant to the management of the worker's recovery and/or return to work.
4. In relation to the worker approving people/organisations involved in their recovery and/or return to work, they are to:
 - 1) either tick the box provided or leave the box blank and specify names if choosing to limit authority (e.g. Dr Adam X or Y's Medical Centre); and
 - 2) tick or specify only relevant people/organisations as not all will be relevant to the worker's recovery and/or return to work.
5. If changes are made to people/organisations involved in the worker's recovery and/or return to work, the worker is to be asked to sign a new authority. Once signed, the latest authority will automatically supersede the previous authority. Therefore it is essential that the new authority include all previously listed people/organisations, if still relevant.

6. A copy of the completed and signed authority must be provided to the:
 - worker
 - case manager
 - employer or employer representative/s
 - people/organisations authorised by the worker to release information to the provider

Note: It is necessary to provide a copy of the authority to the worker's pre-injury employer **only** if the worker is still employed by that employer.

7. A copy of all completed and signed authorities are to be kept together in a prominent position on the return to work services file and forwarded to relevant people/organisations as required. If there is more than one return to work services file for the worker, a copy of the most recent authority is to be kept on each file.
8. This form is available in several common languages at www.rtwsa.com. If an interpreter is used for completing the authority, please ensure the Interpreter declaration form is also completed and attached to the authority. For a copy of the form and guidelines please contact ReturnToWorkSA on 13 18 55.
9. The provider has forwarded copies of the authority to the following people/organisations on the dates noted:

<input type="checkbox"/>	Worker	___/___/___
<input type="checkbox"/>	Case manager	___/___/___
<input type="checkbox"/>		___/___/___

ReturnToWorkSA
GPO Box 2668 South
Australia 5000

Phone: 13 18 55
Fax: 08 8238 5775
Email: info@rtwsa.com
Website: www.rtwsa.com

To contact ReturnToWorkSA in a language other than English, please ring the Interpreting and Translating Centre on 1800 280 203 and ask them to contact us on 13 18 55.

This interpreting service is available at no cost to you.

If you need any information in braille, audio, e-text or large print, please call us on 13 18 55 and we will do our best to help you.

If you are deaf or have a hearing or speech impairment you can call ReturnToWorkSA through the National Relay Service (NRS):

- TTY users can phone 13 36 77 then ask for 13 18 55.
- Speak & Listen (speech-to-speech) users can phone 1300 555 727 then ask for 13 18 55.
- Internet relay users can connect to NRS on www.relayservice.com.au then ask for 13 18 55.