

Authority to obtain information जानकारी हासिल गर्नको लागि अधिकारनामा

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.

तपाईंको काम फर्कने सेवा प्रबन्धक (प्रबन्धकर्ता)को आकंक्षा तपाईंलाई काममा फर्कन र / अथवा सुहाउँदो रोजगारीमा रहन र / अथवा तपाईंलाई समुदायमा पुनर्स्थापित हुन सहयोग पुर्याउने हो। तपाईंको मामिला अधिकारी (केस म्यानेजर) संग कुरा गर्नुको अलवा, उनिहरूले तपाईंको चोटपटकसँग सम्बन्धित आवश्यक गोप्य कुराहरू तपाईंको डाक्टर, मेडिकल प्रबन्धक/हरु, रोजगारदाता र कुनै कुनै अवस्थामा अन्य मानिसहरू/संस्थाहरू संग गर्नु गर्नुपर्ने पनि हुन सक्दछ र उनिहरूबाट जानकारी हासिल गर्नु पर्ने पनि हुन सक्दछ। यो जानकारी हासिल गर्नको लागि यो अधिकारनामा (अधिकारनामा) पुरा गर्नाले तपाईंले तपाईंको प्रबन्धकलाई तपाईंको काम फर्क फर्कनको लागि सम्बन्धित जानकारीहरू हासिल गर्न स्वीकृती दिएको हुनेछ।

I (please print): / म (कृपया लेख्नुहोला):

claim number (if known) / दाबीको नम्बर (यदि थाहा भएमा):

authorise my provider (specify organisation) /

मेरो प्रबन्धकलाई अधिकारनामा दिएँ (संस्थाको नाम लेख्नुहोला):

to obtain information relating to my injury/illness (specify) /
मेरो दुर्घटना/बिमारी संग सम्बन्धित जानकारीहरू (खुलाउनुहोला) हासिल गर्नको लागि:

sustained at work on or about (date) /

कामका रहदा को समय (मिति): ____ / ____ / ____

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

मेरो आफ्नो काममा फिर्ता जान र / अथवा पुनःस्थापनको व्यवस्थामा सहयोग पुर्याउन मैले दहायका व्यक्ति / संस्थाहरूलाई अधिकार दिएको जनाउन चाहन्छु।

Refer to user notes on reverse

पछाडी पानाको प्रयोग कर्ताको नोटलाई हेर्नुहोला

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.

साधारण अधिकारनामाको लागि, कृपया तल दिईएको कोठा/हरुमा ठिक चिन्ह लगाउनुहोला। **सिमित अधिकारनामा गर्नको लागि**, कोठा/हरुमा ठिक चिन्ह नलगाउनुहोला। त्यसको सट्टामा, तपाईंले अधिकार दिनु भएको मानिस/ संस्थाहरूको नाम दिईएको थोप्लाहरू भएको लाईन/ हरूमा लेख्नुहोला। तपाईंले साधारण अधिकारनामा तथा सिमित अधिकारनामा दुबै मिसाएर पनि दिन सक्नु हुनेछ।

☐ Assessing and treating medical doctors /
जाँच गर्ने र उपचार गर्ने मेडिकल डाक्टरहरू

☐ Assessing and treating medical providers (e.g. physiotherapist) /
जाँच गर्ने र उपचार गर्ने मेडिकल प्रबन्धकहरू
(जस्तै, फिजियोथेरापिष्ट)

☐ Pre-injury employer representatives /
घाईते हुनु अगाडीको रोजगारदाताको प्रतिनिधीहरू

☐ Host employers / रोजगारदाता

☐ Potential/new employers / संभाव्य / नयाँ रोजगारदाताहरू

☐ Training organisations / तालिम दिने संस्थाहरू

☐ Other (e.g. union representative, community organisations) /
अन्य (जस्तै, यूनियनको प्रतिनिधि, सामुदायिक संस्थानहरू)

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.

मैले अधिकारनामाको बिद्युतिय भर्जन लगायत एउटा प्रतिलिपीलाई सक्कलको रुपमा लिनको लागि मन्जुरी दिएको छु। यो अधिकारनामा नयाँ अधिकारनामाले नबदले सम्म अथवा मैले, वा मेरो प्रतिनिधिले अधिकारनामा बदर नगरे सम्मको मेरो दाबीको अबधी भरको लागि मान्य हुनेछ।

Signature हस्ताक्षर

Date मिति

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"/>		___/___/___
<input type="checkbox"/>		___/___/___
<input type="checkbox"/>		___/___/___
<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.