

Authority to obtain information जानकारी प्राप्त करने का अधिकार

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.

आपके कार्यस्थल वापसी सेवा प्रदाता (प्रदाता) का उद्देश्य आपके उपयुक्त रोजगार में लौटने और/या बने रहने में आपकी सहायता करना है और/या समुदाय में पुनः एकीकरण करने में आपको मदद देना है। अपने मामले प्रबंधक के साथ बात करने के अलावा, वे आपकी चोट के बारे में प्रासंगिक गोपनीय जानकारी की चर्चा आपके डॉक्टर, चिकित्सा प्रदाता/ओं, कार्य-नियोक्ता और कुछ मामलों में अन्य लोगों/संगठनों के साथ भी कर सकते हैं और उनसे जानकारी प्राप्त करने की आवश्यकता हो सकती है। जानकारी प्राप्त करने के इस अधिकार (अधिकार) को पूरा करके आप अपने प्रदाता को अपने कार्यस्थल में वापसी के लिए प्रासंगिक जानकारी प्राप्त करने की अनुमति दे रहे/रही हैं।

I (please print): / मैं (कृपया प्रिंट करें):

claim number (if known) / दावा संख्या (यदि ज्ञात हो):

authorise my provider (specify organisation) /

अपने प्रदाता को अधिकार देता/देती हूँ (संगठन का विशिष्ट विवरण दें):

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

कि वह मेरी चोट/बीमारी (विशिष्ट विवरण दें) से संबंधित जानकारी प्राप्त कर सके:

sustained at work on or about (date) /

जिससे मैं काम पर इस तिथि को या इसके आस-पास (तारीख) ग्रस्त हुआ/हुई:

____ / ____ / ____

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

मैंने अपने पुनर्वास व/या काम पर लौटने के प्रबंधन में सहायता देने के लिए नीचे दिए गए लोगों/संगठनों में से सीधी तरफ़ निशान लगा कर स्पष्ट किया है।

Refer to user notes on reverse

उपयोगकर्ता नोट्स के लिए पीछे देखें

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.

सामान्य अधिकार के लिए, कृपया दिए गए चौखाने/चौखानों में सही का निशान लगाएं। **अधिकार को सीमित करने के लिए** चौखाने/चौखानों पर सही का निशान लगाने के बजाय बिंदीदार रेखा/रेखाओं पर अधिकृत किए गए लोगों/संगठनों के नाम लिखें। आप सामान्य और सीमित अधिकार का एक संयोजन भी चुन सकते/सकती हैं।

Assessing and treating medical doctors /
आकलन और इलाज करने वाले चिकित्सीय डॉक्टर

Assessing and treating medical providers (e.g. physiotherapist) /
आकलन और इलाज करने वाले चिकित्सीय प्रदाता
(जैसे फिजियोथेरेपिस्ट)

Pre-injury employer representatives /
चोट से पूर्व कार्य-नियोक्ता के प्रतिनिधि

Host employers / वर्तमान कार्य-नियोक्ता

Potential/new employers / संभावित/नए कार्य-नियोक्ता

Training organisations / प्रशिक्षण संगठन

Other (e.g. union representative, community organisations) /
अन्य (जैसे संघ के प्रतिनिधि, सामुदायिक संगठन)

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.

मैं अधिकार की एक प्रतिलिपि को अनुमोदित करता/करती हूँ, जिसमें इलेक्ट्रॉनिक संस्करण को मूल प्रतिलिपि के रूप में समझा जाना शामिल है। यह अधिकार मेरे दावे की अवधि के लिए तब तक मान्य है जब तक कि एक नया अधिकार इसका स्थान नहीं ले लेता है या फिर मेरे या मेरे प्रतिनिधि द्वारा इस अधिकार को खारिज नहीं कर दिया जाता है।

Signature हस्ताक्षर	Date तिथि
<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"/>		___/___/___
<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.