

ABN 83 687 563 395

Refer to user notes on reverse
به یادداشت های استفاده کننده در پشت این ورقه مراجعه شود

Authority to obtain information اجازه نامه برای کسب معلومات

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.

برای اجازه عمومی، لطفاً مربع / مربع های مربوطه را علامت / بزنید.
برای محدود کردن اجازه، مربع / مربع های را علامت / نزنید. به جای این کار نام افراد / سازمان هایی را که شما اجازه می دهید روی خط / خطوط نقطه چین نوشته کنید.
همچنین ممکن است که مخلوطی از اجازه عمومی یا اجازه محدود را بدهید.

Assessing and treating medical doctors /
داکتر های مطب معاینه کننده و تداوی کننده

Assessing and treating medical providers
(e.g. physiotherapist) /
ارائه کننده های خدمات طبی (از قبیل فیزیوتراپیست ها) معاینه کننده و تداوی کننده

Pre-injury employer representatives /
نمایندگان صاحب کار قبل از افکار شدن

Host employers / صاحب کاران میزبان

Potential/new employers / صاحب کاران بالقوه / نو

Training organisations / سازمان های آموزشی

Other (e.g. union representative, community organisations) /
و غیره (مانند نماینده اتحادیه کارگران یا یونیون، سازمان های اجتماعی)

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 The authority is valid for the duration of my claim unless it is superseded by a new authority or until such time as either I, or my representative, revoke the authority.

من یک کاپی از این اجازه نامه بشمول یک نوع الکترونیکی (کمپیوتری یا فکس - ترجمان) آن را به حیث یک کاپی اصلی تایید می نمایم. این اجازه نامه برای مدتی که من تقاضای (تاوان- ترجمان) میکنم به وقت خود باقی است مگر اینکه اجازه نامه نوی بدهم. یا اینکه تا وقتی که یا خودم یا نماینده ام این اجازه نامه را فسخ کنیم.

Date / تاریخ	Signature / امضاء
<input type="text"/>	<input type="text"/>

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.

هدف ارائه کننده خدمات بازگشت به کارتان (ارائه کننده) کمک به شما در بازگشت و/ یا ماندن بر سر کار و/ یا کمک به شما برای وارد شدن دوباره به اجتماع میباشد. علاوه بر صحبت کردن با مدیر دوسیه تان، ارائه کننده ممکن است راجع به معلومات محرمانه مربوط به افکار شدن شما، با داکترتان، یا سایر ارائه کنندگان خدمات طبی، صاحب کار و در بعضی از موارد سایر مردمان/سازمان ها صحبت کرده و از آنها نیز معلومات کسب نمایند. با تکمیل کردن این اجازه نامه برای کسب معلومات (اجازه) شما به ارائه کننده خود اجازه میدهید تا معلومات ذیربط با بازگشت به کارتان را کسب نماید.

من (لطفاً خوانا نوشته کنید): / (please print):

شماره ادعا (اگر معلوم باشد): / claim number (if known)

authorise my provider (specify organisation) /
به ارائه کننده خود (سازمان مربوط را اعلام کنید) اجازه می دهم:

to obtain information relating to my injury/illness (specify) /
تا راجع به افکار شدن/ ناچوری (آن را معلوم نمایید) من کسب معلومات نماید:

sustained at work on or about (date) /
که در محل کارم در حدود (تاریخ را اعلام کنید) رخ داد: ____/____/____

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

از افراد/سازمانهای که در سمت چپ مشخص کرده ام تا در مدیریت بهبود و/ یا بازگشت به کار من مساعدت به عمل آید.

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.