

Refer to user notes on reverse  
يرجى الرجوع إلى الملاحظات على ظهر الصفحة

## Authority to obtain information تفويض للحصول على 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.

**بالنسبة للتفويض العام**، برجى وضع علامة ✓ فى المربع / المربعات المدرجة. **بالنسبة للتفويض المحدود**، لا تضع علامة ✓ فى المربع / المربعات. وبدلا عن ذلك، اكتب أسماء الاشخاص الذين تفوضهم / المنظمات التي تفوضها على الاسطر المنقطه. يمكنك أيضاً أن تدمج بين التفويضين العام والمحدود.

Assessing and treating medical doctors /  
الاطباء المقيمون والمعالجون

Assessing and treating medical providers  
(e.g. physiotherapist) /  
مقدمو الخدمات الطبية المقيمون والمعالجون (مثلا، اخصائي العلاج الطبيعي)

Pre-injury employer representatives /  
ممثلو جهة العمل لما قبل الاصابة

Host employers / جهات العمل المضيفة

Potential/new employers / جهات العمل المحتملة / الجديدة

Training organisations / منظمات التدريب

Other (e.g. union representative, community organisations)   
هات أخرى (مثلا، ممثل النقابة، منظمات مجتمعية)

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 The authority is valid for the duration of my claim unless it is superseded by a new authority or until such time as either I, or my representative, revoke the authority.

هذه موافقة واعتماد مني بأن يتم التعامل مع أية نسخة عن هذا التفويض، بما في ذلك أية نسخة الكترونية عنه، كنسخة أصلية. يسري التفويض طيلة مدة سريان مطالبي ما لم يطغ عليه تفويض جديد أو الى أن أقوم أنا، أو من يمثلني، بإبطال التفويض.

التاريخ / Date	التوقيع / Signature
<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.

يهدف مقدم خدمة العودة إلى العمل الخاص بك (مقدم الخدمة) إلى مساعدتك على العودة إلى العمل و / أو الحفاظ على عمل مناسب و / أو مساعدتك على استعادة الاندماج في المجتمع. بالإضافة إلى الحديث إلى مدير حالتك، فقد يحتاج مقدم الخدمة إلى مناقشة معلومات سرية متعلقة باصابتك مع طبيبك، ومقدم/مقدمي الخدمات الطبية، وجهة عملك، وفي بعض الأحوال أشخاص آخرين / منظمات أخرى، والحصول على معلومات منهم. يعتبر إكمالك لهذا التفويض للحصول على معلومات (التفويض) موافقة منك لمقدم خدماتك للحصول على معلومات متعلقة بعودتك إلى العمل.

أنا (اكتب اسمك) / (please print):

رقم المطالبة (إن كان معروفا لك) / claim number (if known):

authorise my provider (specify organisation) /  
أفوض مقدم الخدمة الخاص بي (اكتب اسم المنظمة):

to obtain information relating to my injury/illness (specify) /  
للحصول على معلومات تتعلق باصابتي/ مرضي (حدد نوع الاصابة/ المرض)

sustained at work on or about (date) /  
التي تعرضت لها/ الذي اصبت به فى العمل بتاريخ او حوالي (التاريخ):

\_\_\_\_/\_\_\_\_/\_\_\_\_

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

من الأشخاص/المنظمات التالية والتي اشرت لها يسارا من أجل المساعدة في إدارة شفائي و/ أو عودتي إلى العمل.

## 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](http://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](mailto:info@rtwsa.com)  
Website: [www.rtwsa.com](http://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](http://www.relayservice.com.au) then ask for 13 18 55.