

## Authority to obtain information ការអនុញ្ញាតដើម្បីទទួលបានព័ត៌មាន

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.

គោលបំណងនៃស្ថាប័នផ្តល់សេវាត្រឡប់ទៅធ្វើការវិញ (ស្ថាប័នរបស់លោកអ្នក) គឺដើម្បីជួយលោកអ្នកវិលត្រឡប់ទៅ និង/ឬរក្សានៅកន្លែងការងារដែលសមរម្យ និង/ឬដើម្បីជួយលោកអ្នកទទួលបាននូវការរួមបញ្ចូលឡើងវិញទៅក្នុងសហគមន៍។ បន្ថែមពីលើការនិយាយជាមួយនាយកចាត់ចែងករណីផ្ទាល់ខ្លួនរបស់លោកអ្នក ស្ថាប័នប្រហែលជាត្រូវការព័ត៌មានសម្ងាត់ទាក់ទងនឹងរបួសរបស់លោកអ្នក ជាមួយវេជ្ជបណ្ឌិត ស្ថាប័នព្យាបាល និង/ឬយោជករបស់លោកអ្នក ហើយនៅក្នុងករណីខ្លះទៀត បុគ្គល/អង្គការដទៃទៀត ហើយទទួលបានព័ត៌មានពីពួកគេ។ ដោយការបំពេញការអនុញ្ញាតដើម្បីទទួលបានព័ត៌មាននេះ (ការអនុញ្ញាត) លោកអ្នកផ្តល់ជូនស្ថាប័នរបស់លោកអ្នកនូវការអនុញ្ញាតដើម្បីទទួលបានព័ត៌មានទាក់ទងនឹងការវិលត្រឡប់ទៅធ្វើការវិញរបស់លោកអ្នក។

I (please print): / ខ្ញុំ (សូមសរសេរជាអក្សរធំ):

claim number (if known) / លេខទាមទារ (ប្រសិនបើបានដឹង):

authorise my provider (specify organisation) /

អនុញ្ញាតឱ្យស្ថាប័នរបស់ខ្ញុំ (សូមបញ្ជាក់ប្រាប់ឈ្មោះអង្គការ):

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

ទទួលបានព័ត៌មានទាក់ទងនឹងរបួស / ជំងឺរបស់ខ្ញុំ (សូមបញ្ជាក់ប្រាប់):

sustained at work on or about (date) /

ដែលទទួលបាននៅកន្លែងធ្វើការ នៅ ឬប្រហែលជា (ថ្ងៃទី):

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

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

ពីបុគ្គល / អង្គការដូចតទៅនេះ ខ្ញុំបានអនុញ្ញាតប្រាប់នៅខាងស្តាំ ដើម្បីជួយដល់ការចាត់ចែងនៃការជាឡើងវិញ និង/ឬ ការវិលត្រឡប់ទៅធ្វើការវិញរបស់ខ្ញុំ។

Refer to user notes on reverse

សូមយោងទៅកំណត់សំគាល់សម្រាប់អ្នកប្រើប្រាស់នៅទំព័រម្ខាងទៀត

**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.

**សម្រាប់ការអនុញ្ញាតទូទៅ** សូមគូសជាសញ្ញា នៅក្នុងប្រអប់ដែលបានផ្តល់។ **ដើម្បីកំណត់ការអនុញ្ញាត** សូមគូសជាសញ្ញា ✓ នៅក្នុងប្រអប់។ ក៏ប៉ុន្តែ ជាជំនួសវិញនោះសូមសរសេរឈ្មោះបុគ្គល / អង្គការដែលលោកអ្នកអនុញ្ញាតនៅពីលើខ្សែបន្ទាត់ចុចៗ។ លោកអ្នកក៏អាចជ្រើសរើសការផ្សំគ្នានៃការអនុញ្ញាតទូទៅ និងការអនុញ្ញាតដែលមានកំណត់ផងដែរ។

☐ Assessing and treating medical doctors /  
វេជ្ជបណ្ឌិតវាយតម្លៃ និងព្យាបាល

☐ Assessing and treating medical providers (e.g. physiotherapist) /  
ស្ថាប័នវាយតម្លៃព្យាបាល (ឧទាហរណ៍អ្នកព្យាបាលរោគដោយការហាត់ប្រាណ)

☐ Pre-injury employer representatives /  
តំណាងនិយោជកមុនពេលរបួស

☐ Host employers / និយោជកទទួល

☐ Potential/new employers / និយោជកដែលអាចកើតមាន/និយោជកថ្មី

☐ Training organisations / អង្គការបណ្តុះបណ្តាល

☐ Other (e.g. union representative, community organisations) /  
ដទៃទៀត (តំណាងសហជីព អង្គការសហគមន៍)

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.

ខ្ញុំយល់ព្រមចំពោះឯកសារចម្លងនៃការអនុញ្ញាត មានរួមទាំងសំណូនអេឡិចត្រូនិក ដោយចាត់ទុកថាជាឯកសារដើម។ ការអនុញ្ញាតនេះមានសុពលភាពសម្រាប់អំឡុងពេលនៃការទាមទាររបស់ខ្ញុំលុះត្រាតែវាបានដាក់ជំនួសដោយការអនុញ្ញាតថ្មីមួយទៀត ឬរហូតដល់ពេលដែលខ្ញុំ ឬតំណាងរបស់ខ្ញុំដាច់ទាន់នឹងការអនុញ្ញាតដូចនេះ។

Signature ហត្ថលេខា:

Date ថ្ងៃទី

## 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.