

Authority to Obtain / Release Information Relevant to Injury Management

<INSERT COMPANY NAME> Injury Management Consultant's (IMC's) treating doctor(s), allied health professional(s) or other relevant personnel will assess your fitness for work and, where necessary, develop a plan to support you and facilitate your maintenance in or return to productive employment (Primary Purpose).

Your personal information will be managed according to the Privacy Act. If you wish to access, correct or rectify or remove personal information we hold about you that is incorrect or incomplete, you should make a written request to do so, addressed to the person in the **responsible position title**.

Collection

I hereby authorise <INSERT COMPANY NAME>, IMC professionals to collect sensitive medical information in relation to:

[Insert nature of injury or disease]

[Insert date of injury or disease]

from my employer, treating doctor(s), allied health professional(s) or other relevant personnel. Primary Purpose.

Disclosure

I hereby authorise <INSERT COMPANY NAME>, IMC professionals to disclose information inclusive of sensitive medical data, to one another, to our employees and/or to third parties as is necessary to achieve the Primary Purpose.

Name _____

Signature _____

Date _____