

PRIVACY STATEMENT

Your privacy is important to us as your employer. We will only collect, use or disclose your personal and health information in accordance with *the Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*.

If we do not collect this information, we may not be able to fully and properly assist you to recover from your injury, or to prevent you from further injury while at work. For those purposes, the people involved in the management of this matter may need to collect from, use and disclose your personal and health information to the following parties:

- your employer at the date of your injury, your current employer and any subsequent employer
- those people employed by your manager who provide expert advice and assistance, including but not strictly limited to Human Resources, Workers Compensation and the Work Health and Safety team
- any health professional, hospitals, other health institutions, or service providers related to your claim or previous or subsequent claims or injuries or illnesses
- if applicable, your case manager, rehabilitation provider, vocational or functional assessor
- employment agencies, legal advisors and law enforcement authorities
- personnel engaged to conduct research related activities or other investigators
- any relevant third party (or insurer) considered to have contributed to this or any other injury, illness or impairment
- any other person assisting in the performance of the claims management functions or the exercise of associated powers
- any other entity where there is a legal obligation to do so (for example, but not limited to, responding to the direction of a court or tribunal to produce documentation)
- a court or tribunal in a proceeding connected with, or related to, your claim.

We want to ensure personal and health information collected, used, stored or disclosed is accurate, up-to-date and complete.

Authority and Consent for the Collection and Release of
Personal and Health Information

**YOUR AUTHORITY FOR THE COLLECTION OF PERSONAL AND HEALTH
INFORMATION**

I Stafflink number:
(Employee's full name and employee number)

Of
..... (Employee's full private address)

Date of birth/...../..... Mobile phone no:
Claim number

Hereby authorise and consent to any doctor, health professional, hospital or other health institution or rehabilitation provider who has examined/treated me to discuss with and provide to my employer, its claims manager or legal provider, any medical reports, clinical notes, radiology reports or other relevant information relating to this or other related and non-related conditions.

I authorise and consent to any doctor, health professional, hospital or other health institution disclosing, releasing or discussing records containing my personal medical information to my employer, its claims manager or legal provider.

I understand that the medical information is required for the purposes of determining and managing my injury, to assist with my treatment and rehabilitation and to assist with the management of my injury.

I authorise and consent to a photocopy of this Authority being sufficient evidence of my authority and consent to discuss or provide the medical information or records requested.

Signature.....Date...../...../.....

REFUSAL TO GIVE AUTHORITY

If you refuse or fail, without reasonable excuse, to allow the above mentioned parties to obtain and disclose your personal and medical information, we or they may be prevented or delayed from making decisions about your return to work, or management of risk, as the medical information may be required to manage and determine how we can assist with treatment and rehabilitation and to perform other functions required by relevant legislation and policy.