

This is a sample consent form only, which may be used by a worker to give permission to their employer to collect and disclose their personal and health information in accordance with the terms of the consent.

For consent to be valid it must be voluntary, informed, specific, current, and given by a person with capacity to do so.

Sample form for obtaining/releasing personal information

Worker details

Claim number

Given name(s)

Surname

Employer details

Organisation

Contact name

Position

Phone

Email

Worker's declaration

I have discussed this consent form with my employer. I understand that any information collected will be kept in a confidential case file, with access restricted to those who are directly responsible for coordinating and monitoring my recovery at work.

I understand that my employer will:

- only collect personal and health information that is relevant and necessary to manage my recovery at work and facilitate the workers compensation claim
- only use and disclose information for the purpose for which it was collected
- keep any information collected separate from my other personnel records
- take reasonable steps to protect my information by ensuring it is stored securely, kept no longer than necessary and disposed of appropriately
- allow me to access my information without unreasonable delay, unless providing access would be unlawful or pose a serious threat to another person's life or health.

Considering the above, I authorise [name] and consent to my employer collecting, using and disclosing personal and health information relevant to managing my recovery at work and workers compensation claim with my support team identified below:

Role	Insert specific names
Nominated treating doctor	
Allied health treatment practitioner	

Role	Insert specific names
Workplace rehabilitation provider	
Other representative (specify)	

I understand my consent is voluntary and I may change or withdraw this consent at any time by notifying my employer.

Worker

Signature

Date (DD/MM/YYYY)

Employer representative

Signature

Date (DD/MM/YYYY)

Interpreter

Signature

Date (DD/MM/YYYY)

Name

This publication does not represent a comprehensive statement of the law as it applies to particular problems or to individuals, or as a substitute for legal advice. An employer is responsible for ensuring that they comply with the relevant privacy laws.

You should seek independent legal advice if you need assistance on the application of the law to your situation