**Consent For The Collection And Release Of Information**

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| **NAME:** |  |
| **ADDRESS:** |  |

……………………………………….. aims to provide employees with a safe and healthy work environment. We believe in order to achieve such an environment for everyone, a co-operative effort is required.

This agreement establishes ……………………………. intention to work with employees, their managers, family and medical practitioner/treatment provider(s) to facilitate the management of, and assist with recovery from injury and/or serious illness through a rehabilitation process.

I authorise the HR Manager at ……………………………………. to have access to, collect and hold health information about my illness or injury and my treatment plan.

I understand that such information may be collected from the appropriate service provider, including ACC, General Practitioners, Specialist, Treatment Provider(s), Assessment Agencies.

I authorise the HR Manager to discuss and disclose information about my illness or injury or my treatment plan - to the following people:

* Workplace Assessment contractor
* ACC (if applicable)
* Insurance Company (if applicable)
* Other service providers

I understand this consent is required to assist with my rehabilitation / return to work, that all information obtained will be treated in confidence, and used only for the purpose of rehabilitation. This consent is only valid for the duration of my rehabilitation programme. This authority continues until rehabilitation for my illness or injury is completed.

I understand that within the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994, I have the right of access to, and that I may ask for correction of information held about me by Council.

Signed………………………………………………………………………………….

Date………………….