

This document will assist workplace rehabilitation providers in advising workers of their rights, responsibilities, and conflicts of interest.

This worker consent declaration confirms the following have been discussed between the worker and the workplace rehabilitation provider.

WORKER RIGHTS AND RESPONSIBILITIES

The worker's right to choose treating practitioners.

- Every worker has the right to choose their own treating medical and allied health practitioners.
- Please note: workers may be required to attend an independent medical review with a medical practitioner at the request of the employer or insurer.

The worker's right to choose a workplace rehabilitation provider.

- Every worker has the right to choose a workplace rehabilitation provider. Should the worker wish to change their workplace rehabilitation provider, they will need to discuss the change with their employer and insurer.

The worker's responsibilities.

- The worker is required to make reasonable efforts to return-to-work.
- The worker is required to participate and cooperate in the establishment of a return-to-work program. A service delivery plan outlining the goal and timeframes will be forwarded to the worker for their approval.
- The worker is required to be an active participant in the return-to-work process, including any obligations to undertake workplace rehabilitation.
- The worker is required to comply with requirements to attend and participate in return-to-work case conference(s).
- The worker is required to give each progress certificate of capacity to their employer and the insurer within seven days of receipt from their treating medical practitioner (unless the treating medical practitioner does this on the worker's behalf).

Return-to-work hierarchy.

- The goal of workplace rehabilitation is based on the following preferred hierarchy, depending on the worker's capacity and the circumstances of the employer:
 - same job / same employer
 - different job / same employer
 - similar job / different employer
 - different job / different employer.
- Workers will be required to return to work with their original employer (if reasonably practicable).

Education and advice.

- Workers are encouraged to familiarise themselves with WorkCover WA's *Workplace Rehabilitation Providers Principles and Standards of Practice*, available on the WorkCover WA website.
- Further information is available from WorkCover WA's Advice and Assistance Service, reachable on 1300 794 744.

Complaints procedure.

- Should an injured worker have any concerns regarding their workplace rehabilitation services, please initially raise these with your Consultant.

Consent to obtain and release information.

- The WRP will obtain and release information to assist the worker in the achievement of their rehabilitation goals. The WRP will ensure that only relevant information is collected, and that information is as accurate, up to date, and complete as possible. The WRP will undertake all necessary precautions to ensure the worker's personal information is kept safe and secure.

The worker's authority to obtain and release information.

- In signing this form, I authorise the WRP to obtain and release written and verbal information relevant to my condition and workplace rehabilitation with representatives and/or agencies nominated below. I understand that I can change or cancel this authority at any time.

Medical practitioner(s):

Employer:

Insurer:

Prospective employers:

WorkCover WA or relevant authority:

Solicitor acting on my behalf:

Treating health professionals:

Other (please indicate):

CONFLICTS OF INTEREST

To be completed by the WRP.

The following actual, perceived and/or potential conflicts of interest may apply:

Worker name:

Date:

Signature: