**Sensitive: Personal (when completed)**

I, (Date of Birth: ), of authorise:

1. Any medical expert including their representative(s), agent(s), employee(s), and/or employer, to release and provide to Gallagher Bassett as claim agent acting on behalf of the ReturnToWorkSA or ReturnToWorkSA directly; upon the request of any of their authorised officers, agents or representatives, any information including: accounts, treatment, medical notes, reports and records obtained by way of examination or other; and/or matters pertaining to any liabilities incurred by me relating to my ('the injury') suffered on whilst employed with .
2. Any medical expert nominated by Gallagher Bassett or ReturnToWorkSA to receive and the documents and information described in Clause 1 relating to my injury and treatment, in order to prepare and forward a report to Gallagher Bassett or ReturnToWorkSA.
3. Gallagher Bassett or ReturnToWorkSA and a Contracted Return to Work Service Provider to release to each other any medical reports obtained or prepared in relation to the injury.
4. Gallagher Bassett and/or ReturnToWorkSA and/or a Contracted Return to Work Service Provider to release medical and other information to my treating doctor/s. This includes providing my treating doctor/s with copies of medical reports( if appropriate) and/or the following information:
   * any appointments arranged with medical experts
   * why the appointment has been arranged
   * the expectations of the appointment
   * the outcomes of the appointment.
5. Gallagher Bassett and/or ReturnToWorkSA to release my personal contact information to an independent medical examiner for the purpose of an appointment reminder.

The purpose of this authority is for the determination and/or management of my claim.

I consent that a photocopy of this authority shall be valid and have the same effect as the original. I acknowledge that a copy of any medical report obtained by Gallagher Bassett or ReturnToWorkSA will be forwarded onto me.

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| Signed: |  | Date: |  |