

STAR INJURY MANAGEMENT - NSW

INFORMATION AND CONSENT FORM

Welcome to STAR Injury Management. STAR is a State Insurance Regulatory Authority (SIRA) accredited Vocational Rehabilitation Provider that is positioned to assist you, the injured Worker, to maximise your potential to recover from injury and return to work. Your Rehabilitation Consultant is a qualified health professional. The rehabilitation services provided to you through STAR are funded by the Workers' Compensation Insurer of your Employer and are monitored by SIRA.

The objective and reason for your referral to STAR will be discussed with you at your first meeting with STAR. The following information will also be discussed in more detail, as relevant depending on the reason for your referral at your first meeting with STAR, and will assist in your understanding of your involvement in vocational rehabilitation:

- ❖ STAR works according to Standards of Best Practice, set by SIRA. STAR is an accredited Vocational Rehabilitation Provider.
- ❖ The goal of Vocational Rehabilitation is to assist in your return, or maintenance in, productive employment in a safe and timely manner. To achieve this, STAR will be working together with you, your Employer and Treating Medical Practitioner to develop a suitable rehabilitation goal. There is an expectation under SIRA guidelines for active participation by the Worker in the Workplace Rehabilitation process.
- ❖ You have the right to choose your own Rehabilitation Provider.
- ❖ Your rehabilitation will be co-ordinated by STAR, however, you may require and benefit from a range of other specialised services including allied health and/or a specialists. Your access to any additional services will be discussed with you, and your Doctor and Employer/Employer Representative.
- ❖ To help you achieve your goal, STAR will be required to regularly communicate by telephone and reports to yourself, your Treating Doctor and Specialists, Employer/Employer Representative, other health professionals regularly treating your injury and Workers' Compensation Insurer. This will be conducted to communicate your progress and plan together, future rehabilitation and / or medical activities. As such, any information you provide to STAR may be disclosed with these other parties. Vocational Rehabilitation Service Provision will also involve direct face to face contact in addition to telephone contact, and may occur at STAR offices, your workplace, your home or Medical Practitioner's office.
- ❖ As a result of nationally consistent requirements for the reporting of Durability of Return to Work Outcomes (required by SIRA), if relevant your Rehabilitation Consultant will be required to report your Return to Work status at the 13 week period of any Return to Work commencement to SIRA. This will involve direct contact with you or your Employer / Host Employer.
- ❖ For further information regarding the Vocational Rehabilitation process please refer to the SIRA website (www.sira.nsw.gov.au) / <https://www.sira.nsw.gov.au/haveyoubeeninjured/start> or contact SIRA on 13 10 50.
- ❖ If you are unsure of the implications of your consent, you should discuss these concerns with your Case Manager or Rehabilitation Consultant.
- ❖ Your personal information, and any use and/or disclosure of such, will be treated in accordance with the information Privacy Principles as set out in the Privacy Act 1988.
- ❖ STAR is a signatory to the Australian Consensus Statement on the health benefits of good work (HBGW).

Please read this Information and Consent Form carefully, and discuss any questions you may have with STAR.

Your written consent, signed below, for STAR to obtain and release any information to your General Practitioner, Specialist(s), treating professionals, Employer, Employer Representative/Broker and Insurer (and any other relevant parties) is required before rehabilitation can commence. The scope of an authority to release medical and personal information is limited to the related injury only.

Please sign below to acknowledge you have read and understood the above information and agree to the conditions of vocational rehabilitation with STAR to be undertaken with you at your home, workplace or STAR offices.

PRINT NAME:

To be signed by Parent/Guardian if under 18 years of age

SIGNATURE:

DATE:

CASE MANAGER (STAR IMS):

SIGNATURE:

DATE: