

INFORMATION AND CONSENT FORM

STAR is a WorkCover WA accredited Workplace Rehabilitation Provider that is positioned to assist you, to maximise your recovery from injury and your subsequent maintenance in or return to productive employment in a safe and timely manner.

STAR will be working together with you, your Employer and Treating Medical Practitioner to develop a suitable rehabilitation goal, if rehabilitation is required AFTER our initial meeting with you. There is an expectation under WorkCover guidelines for your active participation in the Workplace Rehabilitation process. Workplace Rehabilitation Service Provision will also involve direct face to face contact in addition to telephone contact, and may occur at the STAR office, your workplace, home, Medical Practitioner's office or at a mutually agreed location. Please note the following information:

- ❖ An accepted claim for Workers' Compensation allows for the provision of funds dedicated to Workplace Rehabilitation. This is determined at 7% of the "prescribed amount", currently \$17,691.00 (as of 1 July 2023). Funds used by STAR are charged based on the WorkCover-WA legislation hourly rate for all Workplace Rehabilitation activities. This includes meetings, telephone, email and written communications with yourself and relevant key parties, and related travel. You have the right to review copies of invoices pertaining to rehabilitation services provided by STAR to your Insurer.
- ❖ A Service Delivery Plan (SDP), will be sent to you following our initial meeting for your approval as directed by WorkCover WA. This indicates an agreed rehabilitation goal in consultation with key parties including yourself. An amended SDP is needed with change of return to work goal as required by WorkCover-WA.
- ❖ Your Injury Management Consultant is a qualified health professional and will coordinate your program, however, you may benefit from other specialised services. Before a referral is made, STAR will discuss this with you, your Doctor and Employer.
- ❖ In circumstances where a Vocational Assessment, Vocational Counselling or Adjustment to Counselling is required, service provision will be undertaken by a Registered Psychologist.
- ❖ To help you achieve your goal, STAR will regularly communicate by telephone and in writing (progress reports) to yourself, your Treating Doctor/ Specialists, Employer, Employer Representative/Broker, other health professionals (regularly treating your injury) and Workers' Compensation Insurer. The purpose is to communicate your progress and injury management plan. As such, any information you provide to STAR may be disclosed with these other parties.
- ❖ You have the right to choose your own rehabilitation provider and treating parties.
- ❖ If redeployment or a temporary external return to work program is required, we will require a criminal record check (or working with children) and confirmation of vaccination status, these documents may be supplied to a potential host employer at their request.
- ❖ At conclusion of your program your Workplace Rehabilitation Consultant will be required to report your Return to Work status 13 weeks after you commenced productive work, this information is reported direct to WorkCover WA. This will involve direct contact with you or your Workplace.
- ❖ The Insurer will request you maintain current medical certification during your claim.
- ❖ Should you have any concerns regarding Workplace Rehabilitation Service, initially this should be raised with your STAR IMS Injury Management Consultant.
- ❖ For further information please refer to the WorkCover-WA (www.workcover.wa.gov.au) or WorkCover WA's Advice and Assistance team 1300 794 744 and STAR Website (<https://www.starims.com.au/privacy-policy>).

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

In signing this form, I authorise STAR IMS to obtain and release written and verbal information relevant to my condition and workplace rehabilitation to my General Practitioner, Specialist(s), treating professionals, Employer, Employer Representative or Broker, Insurer and any other relevant parties.

Please sign below to acknowledge you have read and understood the above information and agree to the conditions of workplace rehabilitation with STAR.

PRINT NAME:

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

SIGNATURE:

DATE: