

INFORMATION AND CONSENT FORM - QLD

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

To assist in your return or maintenance in productive employment, 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 used by STAR with charges based on the WorkCover-QLD legislation hourly rate for all Workplace Rehabilitation activities. This includes meetings, telephone, email and written communications with you 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.
- ❖ Your Injury Management Consultant is a qualified health professional and will coordinate your program, however, you may benefit from other specialised services. Your access to any additional services will be discussed with you, and your Doctor and Employer before referral is made.
- ❖ In circumstances where a Vocational Assessment, Vocational Counselling or Adjustment to Counselling is required, service provision will be undertaken by either a Rehabilitation Counsellor or Registered Psychologist.
- ❖ To help you achieve your goal, STAR will regularly communicate by telephone and in writing (progress reports) to yourself, your Treating Doctor and Specialists, Employer, Employer Representative/Broker, other health professionals (regularly treating your injury) and Workers' Compensation Insurer. This will be conducted 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.
- ❖ During the course of your workplace rehabilitation program, typically if redeployment is required, we will require a criminal record check which may be supplied to a potential host employer.
- ❖ At conclusion of your program your Workplace Rehabilitation Consultant will be required to report your Return to Work status at the 13 week period of any Return to Work commencement to WorkCover-QLD (durability of Return to Work outcomes). This will involve direct contact with you or your Employer / Host Employer.
- ❖ For further information please refer to the WorkCover-QLD (<https://www.worksafe.qld.gov.au/>) or 1300 362 168 and STAR Website (www.starims.com.au).

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.

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: «ClientFullName»

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

SIGNATURE:

DATE:

CASE MANAGER (STAR IMS): «AssignedTo»

SIGNATURE:

DATE: