

INFORMATION AND CONSENT FORM

STAR is a WorkCover WA 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 determined at 7% of the "prescribed amount", currently \$15,981.00 (as at 1 July 2018). This is used by STAR with charges 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.
- ❖ There will be a requirement to seek your feedback and approval for a WorkCover Service Delivery Plan (SDP). 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. 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 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 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 may discuss with you the need to obtain a police clearance.
- ❖ STAR are now using Official Disability Guidelines "ODG" for return to work guidance where relevant, which uses local data, evidence-based guidelines and unbiased timeframes for return to work
- ❖ 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-WA (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-WA (www.workcover.wa.gov.au) or 1300 794 744 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 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:

SIGNATURE:

DATE:

CASE MANAGER (STAR IMS):

SIGNATURE:

DATE:
