

# ACCESS TO WORKSAFE CLAIM INFORMATION REQUEST FORM

This form is designed to assist workers to access information relevant to their WorkSafe Victoria (WorkSafe) claim. You are not obliged to use it. Further information on access to information is available from WorkSafe's website at [worksafe.vic.gov.au](http://worksafe.vic.gov.au).

## 1. TO (NAME OF WORKSAFE AGENT)

Address

Facsimile

## 2. WORKER DETAILS

Family Name

Given Names

Title: Mr  Mrs  Ms  Dr

Other (please specify)

Postal Address

Home Telephone  Business Telephone

Mobile  Facsimile

## 3. CLAIM DETAILS

Claim Number(s)	Employer(s)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## 4. INFORMATION REQUEST DETAILS

**I request access to the following documents (please tick):**

worker's claim form

medical certificates/certificates of capacity

worker's own medical and other service provider reports

employer injury claim report

independent medical examiner and other reports requested by the WorkSafe Agent or for WorkSafe (please specify)

other (please specify)

## 5. REPRESENTATIVE AUTHORITY

If the information is to be sent direct to the worker's representative, please complete.

I hereby authorise the release of all documents relating to this Access to WorkSafe Claim Information Request directly to my representative (Representative's Name)

of (Representative's Contact Address)

Worker's Signature

## 6. NOMINATED HEALTH PRACTITIONER AUTHORITY

If you wish, in accordance with the *Health Records Act 2001*, you can nominate a health practitioner to whom requested health information may be released if it is decided that release direct to the worker would be reasonably likely to pose a serious threat to the life or health of the worker.

I hereby authorise the release of health information direct to my nominated health practitioner.

Name of Practitioner

Address of Practitioner

NB: Before any health information is considered for release to the health practitioner, the practitioner must consent to being the nominated health practitioner. Further information will be provided at that time, if applicable.

## 7. PLEASE SIGN

Applicant's Signature

Print Name (if not worker)

Firm Name (if applicable)

Date  /  /  Telephone

Facsimile

## 8. AGENT DETAILS

Please return this form when completed to the **PRIVACY/ACCESS TO INFORMATION OFFICER** at your WorkSafe Agent. Agent contact details are available at [worksafe.vic.gov.au/agents](http://worksafe.vic.gov.au/agents).

## 9. PRIVACY COLLECTION STATEMENT

Personal information provided by you on this form will be used for the purpose of processing and assessing your request for access to information. We will not use your personal information for any other purpose and will not disclose it without your consent except as authorised by law. Where information is required for statistical reporting purposes, all identifying details will be removed.

## OFFICE USE ONLY

Officer's Signature

Print Name

Date

Date Received (stamped)

Date Due

Date Completed