



8 August 2013

Mr. Greg Mullins AFSM  
Commissioner  
Fire and Rescue NSW  
PO Box A249  
SYDNEY SOUTH NSW 1232

Dear Mr Mullins,

**Re: Medical Review Consent Form**

Members have advised that the Department is requiring them to sign the attached form before assisting their fitness for duty in accordance with the Agreed Mechanism.

There is no requirement for members to sign anything for the Agreed Mechanism to proceed, nor is there any requirement for members to consent to the exchange of medical information between the parties listed on the form.

The only exception is at point 9(b) of the Agreed Mechanism where the firefighter is required to provide written authorisation for their nominated medical practitioner to discuss their medical information with the FRNSW-nominated medical practitioner, but this is only in the event of an appeal to the Commissioner.

As such, the Union seeks your confirmation that the Department will cease from requiring members to sign these forms. In the interim, the Union has instructed members not to sign these consent forms. Any delays in progressing members through the Agreed Mechanism shall be considered a breach of that mechanism and will be dealt with accordingly.

Yours sincerely,

Jim Casey  
State Secretary



# Fire & Rescue NSW

Your Reference: Telephone No: (02) 9265 2800 or 1800 425 282  
File No: Facsimile No: (02) 9265 2986  
Contact Officer: Manager Injury Management Email: Andrew.McGarity@fire.nsw.gov.au

## MEDICAL REVIEW CONSENT FORM

Your fitness to continue in your substantive position is currently under review. In order for us to manage your case, it will be necessary for medical information to be provided to, or exchanged between, a Fire & Rescue NSW Occupational Physician, the Fire & Rescue NSW Health and Safety Branch, the Fire & Rescue NSW Workers' Compensation insurer, your superannuation fund and health professionals involved in your case. We seek your consent for this to occur.

To give consent, please sign this form. Please note that if you do not give consent, there may be a delay in processing your case.

Name: DOB:  
Address: Employee number:

Name of superannuation scheme:

I consent to Fire & Rescue NSW Occupational Physician and/or the Injury Management Section assessing my fitness to continue. I also consent to the Health and Safety Branch making a recommendation to Fire & Rescue NSW Director Human Resources about my fitness to continue.

I also consent to my treating doctor(s), Fire & Rescue NSW Occupational Physicians, the Injury Management Section, my employer, other treating practitioners, rehabilitation providers, the Fire & Rescue NSW Workers' Compensation insurer and my superannuation fund exchanging information for the purpose of making a recommendation in my case in accordance with Fire & Rescue NSW and superannuation fund requirements and in keeping with the Fire and Rescue NSW *Personal Information Privacy Policy*.

I understand that signing this form does not guarantee medical discharge. I understand medical discharge must be approved by the Commissioner, or delegate of the Commissioner, and I will be notified in writing if this occurs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return form to: FRNSW Injury Management Team Fax 9265 2887





10 September 2013

Mr. Greg Mullins AFSM  
Commissioner  
Fire and Rescue NSW  
PO Box A249  
SYDNEY SOUTH NSW 1232

Dear Mr Mullins,

**Re: Medical Review Consent Form**

The Union wrote on 8 August regarding the Department's requirement for members to sign a 'Medical Review Consent Form'. Since then, members have also raised concern with the attached form which requires consent for FRNSW to obtain and or release information, including medical information, to and from Employers Mutual.

Contrary to the assertions within the form, the Workplace Injury Management and Workers Compensation Act 1998 does not require employees to consent to medical information being provided to or by the employer, only to the Insurer, which may be done directly. The only exception is where information is required for the purpose of an Injury Management Plan for the worker, however your form has no such limitation.

Whilst the form does acknowledge that members are not required to sign the authority, it goes on to threaten at paragraph 4 that '*entitlement to weekly benefits could be affected*'.

The relevant Act does not provide that failure to provide an authority to the employer is grounds for discontinuance of weekly payments. Hence the form is not only intimidating, but misleading.

Workcover certificates provided in support of a workers compensation claim provide the necessary authority for the nominated treating doctor to be contacted by the Insurer to discuss any matters pertaining to the members claim and return to work plan.

The Union seeks your confirmation that the Department will cease from requiring members to sign these or any similar forms. In the interim, the Union has instructed members not to sign these consent forms and any matters arising shall be referred to its solicitors.

Yours sincerely,

Jim Casey  
State Secretary

**Fire Brigade Employees' Union (FBEU)**

1-7 Belmore Street Surry Hills NSW 2010

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**FIRE & RESCUE NSW**



227 Elizabeth Street Sydney NSW 2000  
PO Box A249, SYDNEY SOUTH NSW 1232  
Telephone: (02) 9265 2999 Facsimile:(02) 9265 2887

www.fire.nsw.gov.au info@fire.nsw.gov.au ABN: 12 593 473 110

File No:



**Authority to obtain and or release of information related to your injury**

I \_\_\_\_\_  
(Employee's full name and Employee Number)

Of \_\_\_\_\_  
(Employee's full postal address)

Give permission to Fire and Rescue NSW in respect of \_\_\_\_\_  
(Injury/Condition)

To obtain or release information to and from Employers Mutual (an agent of TMF), where workers compensation is being claimed for any relevant information to doctors, hospitals, allied health professionals, rehabilitation providers and solicitors, relating to this or other related conditions.

This may include the exchanging of relevant medical and related information with appropriate FRNSW personnel relating to my health in any attempts made to safely return me to duty and to assist in the claims management process.

I understand that this consent is required to assist with my return to work/rehabilitation and that all information exchanged will be treated in confidence in line with FRNSW 'Personal Information Privacy Policy'.

I understand I do not have to sign this consent form, however, by not doing so my entitlement to weekly benefits could be affected subject to Section 47 and Section 270 of the *Workplace Injury Management and Workers Compensation Act 1998*.

I am willing for a copy of this authorisation to be accepted with the same authority as the original. The authority is valid for the duration of my rehabilitation and return to work program.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

\*\* Please note that some organisations are legally entitled to receive injury management information without consent about an injured worker who is claiming workers compensation. These people include the Workcover authority, a NSW Court of Law and the NSW Workers Compensation Commission.