

Authority and Consent for Release of Medical Records



Where an injured worker has chosen a new Primary Treating Medical Practitioner (PTMP) to replace their previous PTMP, this form authorises and consents to the release of medical records on their workplace injury, as required under section 143G(3) of the *Workers Rehabilitation and Compensation Act 1988*.

Name (worker's full name) _____

Address (worker's residential address) _____

Date of Birth _____ Claim Number (if known) _____

I hereby authorise and consent to Dr _____
(insert given name, surname)

of _____
(insert practice name, address)

to release all medical records relating to the treatment of my workplace injury to

Dr _____ of _____
(insert given name, surname) (insert practice name, address)

my Primary Treating Medical Practitioner effective from _____
(insert DD/MM/YY).

Signature (worker) _____

Date Signed _____
(DD/MM/YY)

Please note

- Once completed, this authority is to be given as soon as practicable to your new PTMP.
- Please ensure that a copy is also provided to your employer who will then forward to their insurer.



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For more information contact
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