



### Occupational Rehabilitation Provider's Consent to Collect, Use and Disclose of Personal Information

I consent to the Licensed Practitioner collecting and using all information he/she considers relevant for the purposes of performing occupational rehabilitation services in relation to injuries suffered as a result of my workplace accident(s). This includes, but is not limited to, collecting and using information from the WorkplaceNL, other health care providers, my employer, my employer's representative, and my union.

I consent to the Licensed Practitioner and/or the \_\_\_\_\_  
*enter contractor's name*

disclosing to my employer or my employer's representative the following information for the purpose of assisting in my return to work or to help lessen or remove a handicap resulting from my injury:

- a) all Worksite Occupational Rehabilitations initial, progress and discharge reports,
- b) recommendations resulting from any Adjudication Assessment which is conducted, and
- c) recommendations resulting from any Workstation Review which is conducted.

I understand that I have an option to give or withhold consent. I also understand that information may be collected, used and/or disclosed without my consent only as permitted by law, including, but not limited to, the *Workplace Health, Safety and Compensation Act* and the *Access to Information and Protection of Privacy Act*.

This consent is valid until it is revoked by me.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Injured Worker

\_\_\_\_\_  
Date