Schedule 4: Standard forms and templates

With the exception of templates relating to the independent medical assessment Review Panel, forms may be varied by Agencies in consultation with the Public Service Commission.

<table>
<thead>
<tr>
<th>Document</th>
<th>Purpose</th>
<th>Who will use it</th>
<th>When it is used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Referral for Medical Services (Form 1)</td>
<td>Agency to indicate the service/s sought from the Service Provider</td>
<td>Agency</td>
<td>When an Agency requests a service from the Service Provider</td>
</tr>
<tr>
<td>Employee Acknowledgement (Form 2)</td>
<td>Employee to acknowledge that they’ve received a copy of all documents referred to the Service Provider</td>
<td>Agency (internal)</td>
<td>When an Agency refers an employee for a medical assessment of a non-work related injury or health condition</td>
</tr>
<tr>
<td>Employee Information - Medical Assessment</td>
<td>Agency to provide employees with standard information about the medical assessment process</td>
<td>Agency</td>
<td>When an employee with a non-work related injury/health condition is referred for a medical assessment</td>
</tr>
<tr>
<td>(Information sheet)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Privacy and Consent to Release Medical</td>
<td>For employee to provide consent to release medical information to the Service Provider, and to the Agency</td>
<td>Service Provider</td>
<td>Agency to provide employee with this form.</td>
</tr>
<tr>
<td>Information (Form 3)</td>
<td></td>
<td></td>
<td>Employee to provide signed form to the medical assessor at the medical assessment appointment.</td>
</tr>
<tr>
<td>Request for Review of Medical Assessment</td>
<td>Employee to set out basis for request for a medical assessment review</td>
<td>Employee to request review</td>
<td>When an employee seeks to have a medical assessment outcome reviewed</td>
</tr>
<tr>
<td>(Form 4)</td>
<td></td>
<td>Service Provider to assess request against set criteria</td>
<td></td>
</tr>
<tr>
<td>Review Panel letter – Time extension Template 1</td>
<td>To respond to employees seeking a time extension on their request for a medical assessment review.</td>
<td>Service Provider</td>
<td>Providing response to employees of the Review Panel Chair’s decision on their request for extension of time</td>
</tr>
<tr>
<td>Document</td>
<td>Purpose</td>
<td>Who will use it</td>
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</tr>
<tr>
<td>-----------------------------------------------</td>
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<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Case summary and meeting report Template 2</td>
<td>To provide Review Panel with key points of each case and for the panel to note its decision.</td>
<td>Service Provider to provide employee details and summary of medical assessment to the Review Panel.</td>
<td>Review Panel to note its decision and any recommendations for workplace/practice modification.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Note: Service Provider drafts the Review Panel letter - Outcome (Template 3) from the Review Panel’s meeting notes.</td>
<td></td>
</tr>
<tr>
<td>Review Panel letter - Outcome Template 3</td>
<td>To set out the determination of the Review Panel for the employee and Agency</td>
<td>Service Provider to draft based on the Review Panel’s meeting notes. Review Panel Chair to approve</td>
<td>After the review meeting of the Review Panel</td>
</tr>
<tr>
<td>Review Panel letter - Further assessment Template 4</td>
<td>To set out the referral of the employee for further assessment.</td>
<td>Service Provider</td>
<td>When requested by the Agency to arrange further assessment on the recommendation of the Review Panel.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>This is letter sent to the employee and Agency</td>
</tr>
</tbody>
</table>
FORM 1: Agency Referral for Medical Services
Agency provides to the Service Provider when requesting a service
FORM 2: Employee Acknowledgement
Agency provides to the employee. Employee signs the form to indicate that they have received copies of documents referred to the Service Provider.
INFORMATION SHEET: Employee Information – Medical Assessments

What is a medical assessment?
A medical assessment provides your agency with information and advice on your ability to perform the inherent requirements and demands of your role and how it might work for you if you have a non-work related injury or health condition. The type of medical assessment you will undergo will depend on your condition and the inherent requirements of your role. Generally, the medical assessment will:
- ask you a range of questions about your health
- review information provided by your agency and medical information or reports you may have provided brought along from your treating doctor/s
- conduct a medical examination.

Who will perform my medical assessment?
Your agency will refer you to a [Name of Service Provider], who will look at the referral information sent by your agency and assign the most appropriate medical assessor to perform your assessment.

Who is [Name of Service Provider]?
[Name of Service Provider] is an occupational health and medical assessment service provider on the NSW Government’s Prequalification Scheme: Employment Related Medical Services which has been selected by your agency to perform your medical assessment.

How can I prepare for my employee health assessment?
Your agency will send information to [Name of Service Provider] and also provide you with the same information. The next steps you are to:
- Return a signed copy of the employee’s Acknowledgment of Receipt form to acknowledge that you have received copies of documents sent to [Name of Service Provider] by your agency.
- Read the referral information and decide if you want to submit a written response or additional information. This must be about the same health-related issue as the referral information. You need to send any response/additional information to [Name of Service Provider], and a copy to your agency, before, or on the day of, your appointment.
- Wait for [Name of Service Provider] to contact you about your assessment appointment date, time and location. Your agency will also be notified of the appointment details.
- Let [Name of Service Provider] know if you need an interpreter at the assessment when they contact you to make the appointment.
- Gather any supporting health information that you want to take to your assessment to give to your assessing doctor. You should also provide copies of new documentation to your agency.
- Arrange for a support person to be with you at your assessment, if necessary. This person can provide support but cannot participate in or comment on the assessment process.
- Attend your appointment on the agreed time and date, and provide the medical assessor with any additional supporting health information you have brought with you. The assessing doctor will interview you, review any supporting material and conduct a medical examination.
- Complete the Privacy and Consent form at your appointment. You can either give or withhold consent for [Name of Service Provider] to contact your treating doctor or specialist and to release relevant medical information to your agency.

What happens after my medical assessment?
Where you have given your consent, your medical assessor may contact your treating doctor or specialist to seek additional information.

The medical assessor will then prepare a medical assessment report that takes into account all of the medical information available and sent into you and your agency.

The report will provide your agency with an assessment of your ability to safely undertake the inherent requirements and demands of your role and include recommendations for any rehabilitation or work adjustments.

Options for managing any non-work related injuries or health issues will depend on your assessment outcome. Your agency will discuss this with you and the options appropriate to your particular circumstances.

What if I don’t agree with my medical assessment outcome?
If you do not agree with the outcome of your medical assessment you may be eligible to request a review of the assessment outcome and medical documents by an independent Review Panel. [Name of Service Provider], which arranged your medical assessment, will provide administrative support to this panel.

Your agency can give you more information about the review process or you can refer to the PSC’s Guideline on Fitness for duty: Medical Assessments for non-work related injuries and medical conditions. This is available from [www.psc.nsw.gov.au/employmentservices/whatis/](http://www.psc.nsw.gov.au/employmentservices/whatis/)

What are my privacy rights?
You have a right under NSW privacy laws for the confidential treatment of your personal information and health information. However, information on an ongoing basis are not for the assessment of employment or medical conditions. For more information, you can visit [http://www.ipc.nsw.gov.au/privacy](http://www.ipc.nsw.gov.au/privacy).

Where can I find more information?
About my medical assessment
[Name of Service Provider] on [Contact phone number]
Email: [Service Provider email address]

About my work situation
Talk to your manager, supervisor, agency human resources area or union representative.

Further information:
- Relevant agency policy and procedures
- Fitness for duty: Medical Assessments for non-work related injuries and medical conditions (DRAFT)
- Medical Assessment Services for the NSW Public Sector (PSC Guide 01 2015 004)

February 2016
Form 3: Privacy and Consent to Release Medical Information

Agency provides to the employee. Employee signs form and provides to the medical assessor (Service Provider) at the medical assessment appointment.

<table>
<thead>
<tr>
<th>Employee details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surname</strong></td>
</tr>
<tr>
<td><strong>Date of birth</strong></td>
</tr>
</tbody>
</table>

**Privacy and consent**

The purpose of this employment related medical assessment is to provide a medical opinion/advice regarding your fitness to safely carry out the inherent requirements and demands of your role. The medical assessor will not provide any treatment as part of the assessment but may recommend that treatment be discussed with your treating doctor/health practitioner.

In order to provide effective advice/opinions and for the purpose of undertaking the medical assessment, the **Service Provider** may need to contact your treating doctor/health practitioner to obtain medical information, opinions or results of investigations relevant to the assessment. This form authorises the Service Provider to:

- collect medical information relevant to the employment related medical assessment from your treating doctor/health practitioner; and
- disclose medical advice/opinions from your medical assessment, including some or all information collected, including any test results, to relevant individuals in your agency, and, if you seek a review of the assessment, to the Review Panel.

This form authorises the **Agency** to:

- collect medical information relevant to the employment related medical assessment from the Service Provider;
- disclose any medical information relevant to the employment related medical assessment to the Service Provider, and, if you seek a review of the assessment, to the Review Panel.

If you have any questions about the information to be released, you should discuss it with the medical assessor at the time of the assessment.

**CONSENT TO PROVIDE MEDICAL INFORMATION**

I hereby consent to medical information which is relevant to the employment related medical assessment requested by the **Agency** on [date of Agency Referral] being released by those listed below to the **Service Provider** medical assessor.

<table>
<thead>
<tr>
<th>Treating medical health practitioner</th>
<th>Address and phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

I understand that the purpose of the medical assessment is to assist the **Agency** to determine my fitness to safely carry out the inherent requirements and demands of my role and I hereby consent to the release of any medical information which is relevant to the employment related medical assessment (including, but not limited to, the medical assessment report), to relevant individuals in my agency.

<table>
<thead>
<tr>
<th>Employee signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical assessor name</th>
<th>Medical assessor signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form 4: Request for Review of Medical Assessment
Employee must complete and provide to the Agency and Service Provider when requesting a review of a medical assessment.
Dear Mr/Ms Last Name

Subject: Independent Review Panel Decision - Review Number: Number

I refer to your request for an extension of time to request a review of your medical assessment outcome by the independent review panel.

The panel has examined your submission and its determination is to [allow/disallow] your request for a time extension. [If the request is allowed the employee has an additional 14 days to submit their request. You now have until [insert date 35 calendar days from the date of the final medical assessment report] to submit your request to your Agency and [Name of Service Provider].]

The panel is a group of independent experts contracted by the NSW Public Service Commission to review medical assessment outcomes commissioned by public sector agencies. The panel’s determinations are conclusive and final.

[Insert name of Service Provider] is contracted to provide administrative support to the panel and does not provide comment on the panel’s determinations.

I have sent a copy of this letter to your Agency for its attention.

Yours sincerely

Dr Ian R Gardner MBBS MPH FAFOEM
Independent Review Panel Chair

Cc: Agency name
Template 2: Case summary and meeting report

A summary of the case is prepared by the Service Provider on this template which is provided to the independent Review Panel along with completed Form 4 and relevant medical documents. The form, with the decision of the Review Panel, is returned to the Service Provider after the Review Panel meeting.
Template 3: Review Panel letter – Outcome
Service Provider to draft review outcome for Panel Chair approval before sending it onto the employee who requested the review and their Agency.

Medical Assessment Review Panel

Employee name
Address 1
Address 2
Suburb  State  Postcode

Date

Dear Mr/Ms Last Name

Subject: Independent Review Panel Decision - Review Number: Number

I refer to your request for a review of your medical assessment outcome by the independent Review Panel (panel).

The panel met on [date] and has carefully reviewed the available medical information and the medical assessor’s recommendation that you [insert initial assessment outcome, including recommended workplace/practice modifications].

The panel finds this recommendation is [consistent/partially consistent/not consistent] with the available information and recommends that [insert panel recommendation, including recommended workplace/practice modifications].

The panel is a group of independent experts contracted by the NSW Public Service Commission to review outcomes of medical assessments that have been commissioned by NSW public sector agencies. Panel determinations are conclusive and final.

[insert name of Service Provider] is contracted to provide administrative support to the panel. They do not provide comment on the panel’s determinations.

I have sent a copy of this letter to your Agency for their attention. If you require any clarification on this matter, please contact your Agency.

Yours sincerely

Dr Ian R Gardner MBBS MPH FAFOEM
Independent Review Panel Chair

Cc: Agency Name
Template 4: Review Panel letter - Further assessment
Service Provider to use when an Agency requests the Service Provider to arrange the assessment on the recommendation of the Review Panel.

Medical Assessment Review Panel

Employee name
Address 1
Address 2
Suburb State Postcode

Date

Dear Mr/Ms Last Name

Subject: Independent Review Panel Decision - Review Number: Number

I refer to your request for a review of your medical assessment outcome by the Independent review panel.

The independent review panel has carefully examined your medical evidence and it recommends a further assessment by a specialist type to determine your capacity.

The booking details for your further assessment are below.

Appointment date: Day Date

Appointment time: HH:MM

Specialist: Dr Name, type

Appointment location: Address

I have sent a copy of this letter to your employer for their attention.

Yours sincerely

Dr Ian R Gardner MBBS MPH FAFOEM
Independent Review Panel Chair

Cc: Agency Name