## 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 Nu	umber (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	f(insert practice name, address)
my Primary Treating Medical Practitioner effect	tive 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.



**1300 366 322** www.worksafe.tas.gov.au

For more information contact WorkSafe Tasmania

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