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## Authority to Obtain and Share Information

Mishap Management has been appointed under Section 143C of the Workplace Rehabilitation and Compensation Act 1988, to assist you with your injury management, recovery and return to work when medically practicable. In order to effectively assist you, the Mishap Management Consultant may need to communicate verbally and in writing with services, agencies and/or people that are involved in your assessment, treatment and the management of your Workers Compensation claim. Any communication will only be with those parties selected below. All information is managed in accordance with and protected under government legislation. Consent can be withdrawn at any time by crossing out, initialling and dating any section of this form and returning it to Mishap Management.

Where the relevant box is ticked, and the form is signed and dated I, **Matthew Spilsbury of 8 McCullagh Court, Legana, Tasmania** consent to Mishap Management discussing information relevant to my circumstances with the following services, agencies or people for the purposes given whilst I am a Mishap Management client.

Who it can be discussed with	Purpose	Consent
My Doctor, Specialist or Allied Health providers	Information relevant to my claim, to assist in my rehabilitation, recovery and return to work.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Information relevant to my safe return to work.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Medical Staff (e.g. Ambulance officers, Hospital staff)	In an Emergency situation where I am unable to communicate my needs. To provide relevant medical information to protect my health and wellbeing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact Person	In event that my Mishap Management Consultant is unable to locate me or there is a medical incident.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name: <b>Bec Grima</b>		Phone: <b>0407 3030 84</b>
My insurer	To assist in my recovery and return to work. To identify information relevant to my claim.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other products/services/agencies	Information relevant to finding other services and supports for coordinating my recovery and return to work.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Client: Matthew Spilsbury

Date: **6/6/2025**

Consultant: Tammy Vermeer

Date: **6/6/25.**