
GPS² Patient Authority Form

Please complete BOTH sections of this Authority Form - Part A and Part B. By using the GPS² service, you agree to give consent to the requirements stated under the sections below.

PART A

GPS2 PATIENT AUTHORISATION TO EXCHANGE INFORMATION FORM

I, _____ of _____

give consent to the GPS² Specialist Consultant/s to liaise with my General Practitioner (name)

I authorise information to be exchanged between the above parties as relevant to my workers compensation claim, for the purposes of undertaking a medical assessment and provision of a medical report.

I direct that a photocopy of this Information Authority shall be accepted with the same authority as the original.

This Authority is valid for a period of 12 months, unless I provide written advice requesting a withdrawal of this authority.

Patient Signature _____

Date _____

PART B

GPS2 PATIENT DISCLAIMER FORM

Consultative Service

I agree that the GPS² Consultant is reliant on the information provided to them by myself, my General Practitioner and where appropriate my Insurer and any other authorised party, in order to arrive at any conclusions or recommendations.

I acknowledge my General Practitioner and myself have the discretion to whether we choose to implement the GPS² Consultant's advice and recommendations.

I acknowledge that no guarantee is being made to me concerning any particular results or outcomes of my condition as a result of the opinion and recommendations made in this report.

Patient Signature _____

Date _____