

## CONFIDENTIALITY WAIVER

I give permission for <health professional> to reveal details of my current work-relevant health problem to the following people at my workplace (<company>) so that we can all discuss how best to help me recover while working – e.g. decide on suitable adjustments to enable me to stay at work or return to work.

\_\_\_\_\_  
Print Name Position

\_\_\_\_\_  
Print Name Position

\_\_\_\_\_  
Print Name Position

I do **not** give permission for details of my health problem to be revealed to the following people:

\_\_\_\_\_  
Print Name Position

\_\_\_\_\_  
Print Name Position

I hereby waive my right to confidentiality as detailed above.

\_\_\_\_\_  
Print Name Signature