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Treatment Notification Plan

EML is the claims management agent of ACT Government, a licensed self-insurer under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act).

A worker has been referred to you for treatment to assist in their recovery following their workplace injury.

Liability for medical treatment is considered under the provisions of Section 16(1) of the SRC Act, which states:

"Where an employee suffers an injury, ACT Government is liable to pay, in respect of the cost of medical treatment obtained in relation to the injury (being treatment that it was reasonable for the employee to obtain in the circumstances), compensation of such amount as EML determines is appropriate to that medical treatment."

The Clinical Framework for the Delivery of Health Services will be taken into consideration when reviewing treatment plans for approval. Please ensure that your treatment meets the following principles:

1. Measure and demonstrate the effectiveness of treatment
2. Adopt a biopsychosocial approach
3. Empower the injured person to manage their injury
4. Implement goals focused on optimising function, participation and return to work
5. Base treatment on the best available research evidence

For further information regarding the Clinical Framework for the Delivery of Health Services, please visit the Comcare website.

What you can do to assist with recovery

An initial five sessions of treatment are pre-approved by EML. Please complete the below treatment plan and email to EML prior to your fifth session to ensure no delay in treatment.

All fields on the treatment plan are to be completed. Upon completion of this plan, should further treatment be required, please contact EML to discuss the ongoing treatment requirements.

Treatment is to be reviewed by the referring doctor on a regular basis. Please ensure that correspondence sent to the referring doctor is also forward to EML.

Please note that EML are not liable to pay any invoice associated with non-attendance of treatment.

If you have any questions, please contact EML on 1800 365 227 or email at actg@eml.com.au.

Yours Sincerely,

EML

EML

P: 1800 365 227
E: actg@eml.com.au

Treatment Notification Plan

Please read and respond to the assessment criteria on this form. It is essential that all sections of this form are completed as fully as possible.

1. Worker's details

Surname	Given names:
Date of injury:	Date of birth:
Claim No:	Employer:

2. Treatment summary

Number of treatments undertaken:	Plan number:……
Number of treatments requested:	Frequency of treatment:
Date treatment commenced:	Duration of proposed treatment:
Treatment plan to be reviewed on:	Anticipated discharge date:

3. Recent key clinical signs and findings

(a)Diagnosis:

(b) Current signs / symptoms:

(c)Objective measures (compare to baseline measures where appropriate):

(d)Progress made since commencement of treatment:

(e) Questionnaire results

Outcome measure	Initial assessment score	Current score	Expected score at completion of plan

4. Treatment provider liaison

(a) Have you contacted the treating doctor to report functional capacity? Y / N

(b) Is your diagnosis consistent with the treating Physician's diagnosis: Y / N

(c)If no, please provide reasoning:

Additional comments:

5. Treatment details

(a) The type of treatment / treatment modalities required are:

(b) Home exercises recommended: Yes ☐ / No ☐

(c) Have exercise sheets been provided: Yes ☐ / No ☐

(d)Additional comments:

6. Goals for treatment

(a) The current treatment SMART goals are:

1)

2)

(b) The steps to achieve these treatment goals are:

(c)The expected outcomes of treatment are:

(d) Barriers to achieving goals (include any external factors):

(e) Additional recommendations to achieve goals (external to treatment):

(f) Additional aids / equipment recommended:

7. Registered Provider Details (May use stamp for name, address and numbers)

Name: Practice:

Address Postcode

Telephone Number Fax Number:

Qualifications: Registration number:

Signature: Date:

8. EML use only

Worker's name: Claim number:

Number of sessions approved: sessions End of treatment approval:

Approver's name: Approver's signature:.

Title: Date:

PRIVACY
WE ARE COMMITTED TO PROTECTING YOUR PRIVACY
EML operates under the Australian Privacy Principles and is committed to handling your personal information in accordance with the Privacy Laws and the Australian Privacy Principles.
We also operate in the ACT and follow the Territory Privacy Principles set out under the Information Privacy Act 2014 (ACT).
Protecting your privacy and personal information is an important aspect of the way we manage our services.
If you would like access to your personal information held by EML, update any information that we currently hold in our systems about you, or have concerns about the way that we have managed your information or privacy please contact your Case Manager.
You can also contact the EML Group
Privacy Officer:
Email: privacy@eml.com.au
Mail: EML Group Privacy Officer
c/o Risk Management Department
Level 3, 345 George Street Sydney NSW 2000
Phone: 02 8251 9000 and ask to speak
with the Privacy Officer.
To read more about our privacy statement, visit the EML website.