### *FIRST LETTER REGARDING INCAPACITY*

Date

Dear

I refer to the incapacity that has prevented you from working since …………….. Your prolonged absence from work has an obvious impact on the business and we believe that we have reached the stage where we should balance fairness to you with the reasonable dictates of the business.

We intend obtaining medical opinion from your doctor as well as from one appointed by us, regarding the extent and likely duration of your incapacity. Of course, we require you consent to do so and for this reason I enclose a summary of your rights under the Privacy Act and the Health Information Privacy Code, for you to read before you sign the consent to collect and release information portion.

The information that we collect will be shared with you, and we will also ask for and consider your own views on when you can return to work, before we decide whether to continue with your employment.

In the meantime, our best wishes for a speedy and full recovery.

Regards

### SUMMARY OF EMPLOYEES’ RIGHTS UNDER THE PRIVACY ACT AND THE HEALTH INFORMATION PRIVACY CODE FORM

Collection and Release of Personal Information

In accordance with the Privacy Act 1993, the Official Information Act 1982 and the Health Information Privacy Code 1994, we need your written permission to collect and release personal information about you.

We can only collect personal information that -

##### You provide to us yourself

##### Is relevant in assessing your ability to return to work after illness

##### You authorise us to get from your medical treatment providers

##### Is kept secure and not released without your consent

##### Is only used for the purpose for which it was collected

##### You have access to

##### And that you may correct.

### CONSENT TO COLLECT AND RELEASE INFORMATION FORM

I (employee's name)..........................................................................

of (employee's address)......................................................................

hereby authorise the collection and release of any information about me to the extent necessary to assess the seriousness of my incapacity and my ability to return to work.

I understand that this authority also relates to all aspects of any ACC claim, including any external agencies or service providers such as general practitioners, specialists or assessment agencies, in order to evaluate my ability to continue in employment.

Signed (employee)

In the presence of

Date

If the employee is unable to sign this document a representative may sign.

Representative’s Name

Representative’s relationship to the employee

Reason why the employee is unable to sign this form

I declare that, to the best of my knowledge, I have the authority to consent to the collection and release of information on behalf of the employee.

Employee’s Representative’s Signature

Date

The following information is requested:

##### Description of illness, injury or incapacity

##### How long is the illness or accident or sickness likely to keep the employee from returning to work and undertaking their normal duties?

##### Will the employee be able to resume alternative duties and from when?

##### What sort of rehabilitation programme is required by the employee?

### *SECOND LETTER REGARDING INCAPACITY*

Date

Dear

As promised in my letter of ................. I enclose copies of the medical opinions that we have obtained on your incapacity.

We would now like to meet with you to discuss your ability to return to work, in the light of the opinions. We will also seek your own views and consider these before we decide whether to continue with your employment.

I propose that we meet in my office on …………………..………..……… at ……………….... o’clock. In the meantime, our best wishes for a speedy and full recovery.

You are welcome to take advice and to bring a representative with you.

Yours sincerely

### *THIRD LETTER REGARDING INCAPACITY*

Date

Dear

We met on ........................ to discuss your ability to return to work and together we considered the medical opinions of our respective doctors, as well as your own views.

We met again on ......................, to discuss my decision to terminate your employment, and to consider a termination date.

Having considered your comments on a termination date, I have decided that your employment will terminate on....................... As you are unable to work, there is no notice period.

I very much regret that it has become necessary to take this step and wish you the best for a continued and full recovery.

Yours sincerely