



Freedom of Information & Protection of Privacy Office  
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## Freedom of Information Fact Sheet for WorkSafeBC Service Providers

WorkSafeBC is a public body subject to the *Freedom of Information and Protection of Privacy Act* (the FIPPA). The definition of “employee” under the FIPPA includes a person retained under a contract to perform services for a public body. That includes you and any of your employees that are assisting you in your work for WorkSafeBC. You need to ensure that such employees understand their obligations under the FIPPA in this regard.

### What does this mean for you, as service provider to WorkSafeBC?

It means that, under the FIPPA, disclosure of a WorkSafeBC claimant’s personal information to you, the service provider, is permitted if the disclosure is necessary for the performance of your duties.

It also means that the records you create and submit to WorkSafeBC for WorkSafeBC claimants are subject to the provisions of the FIPPA and that you should have some basic knowledge of the principles of the FIPPA.

### Collection of personal information

You must collect personal information directly from your client whenever possible. Collect **only** the information needed to do your job and record only as much detail as needed. Make sure the information is accurate and complete.

### Protection of personal information

You must protect the personal information of your clients by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal of the records.

### Retention of personal information

You must retain the personal information for at least one year after using it.

### Use of personal information

You may use the personal information only for the purpose for which that information was obtained or compiled, or for a use consistent with that purpose.

### Disclosure of personal information

An individual has the right to his or her own personal information and may request a copy of the records. You may disclose the personal information of your client to a third party only with the client’s specific written authorization. (sample attached)

You may disclose a record for the purpose it was compiled or obtained or for a use consistent with that purpose. You may therefore disclose it to an employee within your own organization, your treatment team or to an officer at WorkSafeBC if the information is necessary for the performance of their duties.

If you have any concerns that the disclosure of the information to the client may cause immediate and grave harm to the client or may cause the client to harm a third party, please contact your professional governing organization or the WorkSafeBC FIPP Office to discuss the disclosure.

Any incident of **unauthorized disclosure of personal information** or **breach of privacy** involving WorkSafeBC clients or their records needs to be reported to the WorkSafeBC Freedom of Information and Protection of Privacy Office **without delay** at 604-279-8171.

If you have any questions or concerns, please contact our Office. We provide training sessions at your request.

**INDIVIDUAL'S CONSENT TO DISCLOSURE  
OF PERSONAL INFORMATION**

I, \_\_\_\_\_, Social Insurance Number: \_\_\_\_\_  
*(name of individual)* *(optional)*

Date of Birth: \_\_\_\_\_, residing at: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_, Telephone no: \_\_\_\_\_  
*(full address)*

do hereby authorize \_\_\_\_\_ to disclose my personal  
*(name of Contractor)*  
information from the following records:

\_\_\_\_\_  
\_\_\_\_\_  
*(identify records)*

to: \_\_\_\_\_

\_\_\_\_\_  
*(specify name and address of the body or person authorized to receive and/or use this information)*

to be used only for the purpose of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This consent shall be and remain in effect until : \_\_\_\_\_  
*(indicate in days/months/years)*

\_\_\_\_\_  
*(signature of individual giving consent)*

\_\_\_\_\_  
*(date)*