



WORKER'S AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

WorkSafeBC has the legislative right to access personal medical and employment records. Completing and returning this form will allow WorkSafeBC to facilitate your claim. Your authorization will give WorkSafeBC the ability to access your personal information relevant to injury/disease and pertaining to examination, treatment, history, and employment, including records of physicians, qualified practitioners, medical insurers, hospitals, and any employer.

CLAIMS CALL CENTRE
Phone 604 231-8888
Toll-free 1 888 967-5377
M–F, 8:00 a.m. to 4:30 p.m.

FAX
604 233-9777
Toll-free **1 888 922-8807**

MAIL
WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Worker information

Worker last name	First name	Middle initial	WorkSafeBC claim number
Address line 1			
Address line 2			
City	Province	Postal code	
Phone number <i>(please include area code)</i>		Alternate contact number <i>(please include area code)</i>	
Social insurance number		Date of birth <i>(yyyy-mm-dd)</i>	

Please read carefully

<p>I authorize WorkSafeBC and the Workers' Compensation Appeal Tribunal to view or obtain a copy of records pertaining to my examination, treatment, history, and employment from any source whatsoever, including records of physicians, qualified practitioners, medical insurers, hospitals, and any employer. I understand the information is collected, used, and disclosed under the authority of the <i>Workers Compensation Act</i> and the <i>Freedom of Information and Protection of Privacy Act</i>. I acknowledge that WorkSafeBC may obtain and disclose information from my claim to my employer for the purpose of appeal, or may disclose such information to others in accordance with the law, including the <i>Workers Compensation Act</i> and the <i>Freedom of Information and Protection of Privacy Act</i>.</p>		
Worker signature	Date <i>(yyyy-mm-dd)</i>	Personal health number from your BC CareCard

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

