

AUTHORIZATION OF REPRESENTATIVE

Effective: December 31, 2003

BACKGROUND

Authorizations are necessary to protect the confidentiality of information on files and to ensure the Board is dealing with persons who are entitled to obtain information, particularly personal information, on claim files.

The Rehabilitation and Compensation Services Division does not have a formal practice on this issue.

In an effort to promote consistency, representatives from the Rehabilitation and Compensation Services Division, Assessments Department, Prevention Division, Review Division and WCAT developed an "*Authorization of Representative*" form which is consistent with FIPP requirements.

PURPOSE

The purpose of this Practice Directive is to provide guidance to Divisional staff on when to obtain authorizations from workers and employers for release of claim file information to their representatives.

LAW

Section 94.1 of the *Workers Compensation Act* (the "*Act*") reads:

(1) *A person may*

(a) *give advice respecting the interpretation or administration of the Act, the policies of the board of directors, the Board's practices and procedures or any regulations, orders or decisions under the Act, or*

(b) *act on behalf of a person*

i. *by communicating with the Board, an officer or employee of the Board, the appeal tribunal or any other person acting under this Act, or*

ii. *by appearing before the Board, an officer or employee of the Board or the appeal tribunal.*

AMENDED Feb. 26, 2004

(2) *Section 15 of the Legal Profession Act does not apply to a person while the person performs the functions referred to in subsection (1).*

Section 95(3) of the *Act* provides a right of access to claim files and any other material pertaining to the claim of an injured or disabled worker to the Workers' Advisers and Employers' Advisers.

FIPPA section 33(k) provides for disclosure of personal information by the Board to a member of the Legislative Assembly who has been requested by the individual the information is about to assist in resolving a problem.

POLICY

Rehabilitation Services and Claims Manual, Volume II, Policy item #99.10, Disclosure of Issues Prior to Adjudication, states:

The Board will cooperate with and notify claimants' or employers' advocates or representatives of any decisions which have been made and communicated to the worker or employer. Unions or other similar associations may appoint specific officers as designated advocates and list their names with the Board. Information may be disclosed to such advocates when acting on behalf of claimants. Written authorization is required in order to release information to any other advocate, representative or other person designated by the worker.

RSCM Volume II, Policy item #109.30, *Ombudsman*, gives the Ombudsman the "right to examine or copy material from claim files in the possession of the Board".

EFFECTIVE DATE

This Practice Directive is effective December 31, 2003 and applies to all authorizations made, renewed or cancelled on or after that date subject to the Adjudicative Guidelines outlined below.

ADJUDICATIVE GUIDELINES

1. (a) Workers and employers who want someone to act as their representative on a compensation matter should provide written authorization for this. Authorization can be a completed and signed "*Authorization of Representative*" form either from the Board or WCAT or a letter providing the same information found on the form.
- (b) In the case of a deceased worker, a party entitled to request a review/appeal under sections 96.3 or 241 of the *Act* may complete Part 1 of the form in place of the worker.

AMENDED Feb. 26, 2004

(c) In the case of a defunct employer, an organized group of employers (i.e. an Industry Association) who is deemed an employer under section 248 of the *Act* may complete Part 1 of the form in place of the employer. WCAT and the Review Division maintain a list of "deemed employers".

2. Authorizations are not required for :

- members of the Legislative Assembly
- the Ombudsman
- the Workers' and Employers' Advisers

Correspondence from any one of the above will be sufficient authorization.

3. The authorization authorizes the Board, including the Review Division and WCAT, to disclose confidential information to the representative within the limitations outlined by the worker/employer.

4. The completed and signed authorization **is valid for up to two years** from the date of signing unless it is replaced by a more current authorization. Where more than one representative has been authorized by an employer or worker on the same claim number, **on the same matter**, executed on the same date, the Board will consider that no authorization is valid. The claim owner will advise the employer or worker of the situation and advise them that communication can only be directly with them, and not the representative, until the issue of representation has been resolved.

Inquiries made by MLAs, the Ombudsman and the Employers' or Workers' Advisers will not void a valid authorization.

5. Later authorizations supersede earlier ones.

6. The death of the worker or a business no longer active with the WCB will cause the authorization to become void.

7. Authorizations that read: "valid until revoked" or "valid until further notice" are only valid for up to two years from the date of signing.

8. An authorization must be provided for each claim.

9. Authorizations received will be scanned into E-file and the Worker/Employer tab on the Claims Summary Screen should be updated accordingly by the claim owner/team assistant. The authorization will be indexed as "Authorization Rep" and filed under "Key Forms".

AMENDED Feb. 26, 2004

10. Where outstanding issues related to a claim are being actively pursued on December 31, 2003, a pre-existing authorization will be acceptable even if it is more than two years old.

Other departments such as "Disclosures", "Legal", "FIPP" or the "Review Division" may require a new authorization if the old one is greater than 2 years old.

11. When a representative changes or an authorization is cancelled, a new authorization will be required from the worker/employer.

12. More than one valid authorization may be on a file but each must cover a separate matter (see page 2 of the form). This is particularly so for employers. For example, the employer may have one representative for a claims issue, a different one for a relief of costs issue and a third one for an appeal.

13. The worker or employer must be the party making the authorization. The Board will consider void an authorization where one representative attempts to authorize a second representative to represent an employer or a worker.



WORKERS' COMPENSATION BOARD OF BC

Workers' Compensation Board
6951 Westminster Highway
Richmond, British Columbia V7C 1C6
Telephone: 604-273-2266

WCB
Authorization of Representative

You are not required to have a representative for workers' compensation matters. However, if you want someone to act as your representative, complete and sign this form.

This form also authorizes the Workers' Compensation Board ("WCB"), including the Review Division, and the Workers' Compensation Appeal Tribunal ("WCAT") to give confidential information about you or your business to your representative. Your authorization is effective for two years, but you may cancel it earlier.

1. Information about you (Inform WCB or WCAT if your contact details change)

Form section 1: Your name, Title and business name, Mailing address, City, Postal code, Area code and daytime phone number, Other phone number, Fax number, I am a worker, a deceased worker's dependant, or other, authorized to sign on behalf of the employer or business.

2. I want to appoint a representative (You may appoint one person, or an organization to represent you)

Form section 2: My representative is: one person - Name, Relationship, an organization - Name of organization, Contact person, Representative's mailing address, City, Postal code, Area code and daytime phone, Other phone, Fax number, I consent to WCB or WCAT disclosing to my representative the contents of any WCB file(s) or related information for which I am eligible to receive disclosure. I authorize my representative to act on my behalf before WCB, including the Review Division, or WCAT with respect to those files. I acknowledge that WCB or WCAT may obtain or view, from any source whatsoever, a copy of records respecting the matter(s) under review or appeal. For Individuals: This authorization shall remain in effect for two years from the date of signing, unless I cancel it in writing, or until my death, whichever is earliest. For Employers: This authorization shall remain in effect for two years from the date of signing, or until it is cancelled in writing, or the business is no longer active with the WCB, whichever is earliest. This authorization form will replace any previous authorization(s) I have submitted to WCAT or WCB for the same scope of representation identified in section 3 of this form. If I cancel this authorization, I understand that I must notify WCAT and the WCB department(s) handling my outstanding matters.

Please continue on page 2

Authorization of Representative

3. Scope of representation

My representative will represent me with respect to the following workers' compensation matters, including any reviews or appeals that may arise: *(check all that apply)*

- all compensation claims (including section 10(8) transfers)
- all Assessment matters, including the authority to settle such matters
- all Relief of Costs
- all certificate matters (e.g. First Aid, Blasting)
- all discriminatory action matters
- all Occupational Health & Safety matters
- section 257 certificate matters

or only the following matters *(provide claim number or other details)* _____

Signature *(you, not your representative must sign here)*

Date

X

Personal information on this form is collected under section 26 of the *Freedom of Information and Protection of Privacy Act* for the purpose of the administration of the *Workers Compensation Act*. For further information, please contact WCB's Freedom of Information Coordinator at the address or telephone number listed above.

Did you sign the Form?