

## Legal Disclosure

### Disclosure of WorkSafeBC claim files for the purpose of a legal action

WorkSafeBC is required to maintain confidentiality with respect to its records, pursuant to s.95 of the *Workers Compensation Act*. WorkSafeBC recognizes however, that this information may be required for the purposes of a legal action. WorkSafeBC will provide copies of documents in its possession on the basis of an *Entered Court Order* under *Rule 26 (11)*, or on the basis of a claimant's written request.

#### Notice of Application and Court Order

WorkSafeBC does not normally oppose or take any position with respect to a *Notice of Application* under *Rule 26 (11)* for copies of documents in its possession.

#### Authorization

A written authorization from the claimant must be directed specifically to WorkSafeBC, be dated, and must contain both the claimant's signature and a witness' signature.

The information being requested must be required in relation to a legal action involving the claimant. The injury date, cause of action, and *Action Number* should be stated (when applicable).

If the request is from a lawyer representing the claimant, it is not necessary that the legal action has been commenced. If the request is not from a lawyer representing the claimant, a legal action must already have been commenced and the *Action Number* must be stated. Each request should specify the nature of the documents or records of which copies are being requested.

Requests for copies of documents from WorkSafeBC claim files for the purpose of a legal action should be directed to the attention of:

**Legal Disclosure Edit Clerk  
WorkSafeBC Disclosure Department  
P.O. Box 5350, Stn Terminal  
Vancouver, BC V6B 5L5  
Fax: 604.276.3102**

For general inquiries, please call 1.888.967.5377, toll-free, Monday to Friday, 8 a.m. to 6 p.m. PST.

## Fee Structure

### Claim File Disclosure Costs

The disclosure fees shown below **do not** include applicable taxes.

Disclosure service	Price	Unit
Search fee	\$30.00	First 5 claims or part thereof
Additional search fee	\$15.00	Each additional 5 claims or part thereof
Electronic records	\$0.25	Per page
Printed / Photocopied records	\$0.50	Per page
X-ray film search fee	\$20.00	Search fee per x-ray request
X-ray film lending fee	As charged by the medical provider	Per x-ray
X-ray copying fee	\$30.00	Per x-ray
Audio or video media conversion or copying	\$25.00	Per CD or DVD
Certification	\$20.00	Per request
Rush request	\$50.00	Surcharge, per request
Shipping of audio/video media or x-ray films, or Paper	\$7.00	Per package
Shipping of printed / photocopied records	\$8.00	Per package



Disclosures Department

Mailing address: PO Box 5350 Stn Terminal, Vancouver BC V6B 5L5

Phone 604.231.8888 | Toll-free 1.888.967.5377 | Fax 604.276.3102 | [worksafebc.com](http://worksafebc.com)

## Authorization for Release of Information

I, \_\_\_\_\_, hereby authorize WorkSafeBC, located at 6951 Westminster Highway, Richmond, British Columbia, V7C 1C6 to release the following information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

This information is to be released to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Social Insurance Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_.

I consent to the use of this information by the authorized recipient only for the purposes of use in British Columbia Supreme Court - *Action No.*\_\_\_\_\_.

I hereby release WorkSafeBC, its employees and agents, from any and all claims whatsoever which may arise as a result of releasing the information requested.

Any reasonable fees that may be established for searching and copying the records of WorkSafeBC are to be paid by \_\_\_\_\_.

I am nineteen years of age or older dated this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Claimant Signature:**

**Witness Signature:**

\_\_\_\_\_  
Date:  
Name:  
Occupation:  
Address:

\_\_\_\_\_  
Date:  
Name:  
Occupation:  
Address: