

Legal Disclosure Instruction Guide

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

WorkSafeBC is precluded by the *Freedom of Information and Protection of Privacy Act* from disclosing personal information to third parties unless the person whom the information is about consents in writing to the disclosure in the prescribed form or unless there is a valid court order enforceable in British Columbia ordering the disclosure of the information.

Set out below are the instructions for obtaining disclosure of the claims file relating to a party to litigation via a request or a court order.

TYPES OF REQUESTS

1. Claim file request

If you would like to request an individual's claim file you will need to have the individual whose claims files you are requesting complete the Authorization for Release of Information on page 4. Please note, you must provide the date of birth and personal health number (PHN) to us to ensure we can accurately identify claims records. Please be advised that if you request all claims files from the date of initial application to present, you will be invoiced for all documents provided, regardless of their quantity or age. As such, providing a specific date range is strongly recommended.

Submit the Authorization for Release of Information to LegalDisclosure@worksafebc.com (preferred method) or mail/fax to:

Legal Disclosures
WorkSafeBC Centralized Disclosures (Law and Policy Division)
P.O. Box 5350, Stn Terminal Vancouver, BC V6B 5L5
Fax: 604.276.3102

If you wish to receive claims file records and an Authorization for Release of Information has been provided that includes the release of claims file records, we will process that request and provide an invoice based on the fees set out on page 3.

2. Notice of Application and Court Order

If you are seeking a court order for claims file records, your application should be in the following form:

THIS COURT ORDERS THAT:

1. Within 21 days of receipt of a copy of this entered order, the Workers' Compensation Board (the "**Board**") shall prepare and mail or deliver to the lawyer for the [party] one copy of [insert appropriate document description];

2. The lawyer for the [party] shall promptly enter this order and forthwith mail or deliver a copy to the Board;
3. The costs of the Board for delivery of the documents and for production shall be paid forthwith thereafter by the lawyer for the [party].

Document Descriptions:

- Claim Files
 - *(by claim number)* the [party's] complete Board claim file numbered [*Claim Number*]; OR
 - *(by time frame)* the complete Board claim file for any Board claims made by the [party] which were filed during the period of [*date range*]; OR
 - *(by specific incident)* the complete Board claim file for any Board claims made by the [party] in relation to the incident which occurred on [*date*];

NB! The order should be sought as against the Workers' Compensation Board (legal name), not WorkSafeBC or the Workers' Compensation Board of BC.

WorkSafeBC will not oppose or take any position with respect to an application for court order where it is the form set out above.

3. Submitting a Court Order for Claims File Records to WorkSafeBC

Submit the entered Court Order to LegalDisclosure@worksafebc.com, along with the individual's date of birth and PHN. **If we do not have the date of birth and PHN, we will not be able to respond to the Order.**

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

Claims File Disclosure Fees

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

Disclosure service	Fee
Search fee	\$30.00 for up to 5 claims
Additional search fee	\$15.00 for up to 5 additional claims after the first 5 claims.
Electronic records	\$0.25 per page
Paper records	\$0.50 per page
X-ray film search fee	\$20.00 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 [requests actioned within 7 days]	\$50.00 per request
Shipping of audio/video/media/x-ray films	\$7.00 per package
Shipping of paper records	\$8.00 per package

Authorization for Release of Information

I, (name) _____,

residing at: _____

Telephone no: _____

authorize WorkSafeBC (the Workers' Compensation Board) to disclose the following personal information to the authorized recipient for the purpose specified below (*please check applicable boxes*):

☐ copies of any WorkSafeBC claims filed from the time period of _____ to _____

☐ copies of the following claim number(s): _____

To assist in locating the claims files:

My date of birth is: _____

My personal health number (PHN) is: _____

The authorized recipient is

(name) _____

(company name and address) _____

(email address to receive requested records) _____

The information is to be released for the purpose of the following legal action, claim or proceeding:

(style of cause or legal claim) _____

(cause of action and date of incident) _____

(action number or court file number if applicable) _____

I certify that I am 19 years of age or over.

This consent will be effective for the purpose of the disclosure set out above only.

(signature of individual giving consent)

(date)

For further information about the collection of personal information on this form, please contact WorkSafeBC's Freedom of Information Office at fipp@worksafebc.com or telephone 604.279.8171.