



WORKER'S INFORMATION RELEASE

(OPTIONAL)

P.O. BOX 2415, EDMONTON AB T5J 2S5

The WCB encourages you to work directly with your Adjudicator or Case Manager to address any questions or concerns. **If you want someone else to act as your representative and help you get information about your claim, please fill out this form.**

This form gives the WCB permission to give personal information to the person or company (your representative) you want to help deal with your claim.

This authorization will be effective until:

- you cancel in writing.
- you tell us in writing that you have chosen a new representative.

If you want a representative to help you with more than one claim, you need to complete a *Worker's Information Release* form for each claim. It is important to have separate forms for each claim to make sure your privacy is protected.

Claim Number

Worker's

Last Name

First Name

Initial

Authorization of Representative

You may authorize one person or company to act as your representative. Complete section **A** if you want one person to represent you. Complete section **B** if you want to authorize a company to help you.

Section A: Authorizing one person to act as your representative

I understand I may choose a family member, friend, interpreter, injured worker advocate, labour union advocate or lawyer to act as my representative.

Individual Representative's Name _____ Phone Number _____

Address _____

- I authorize the WCB to give my individual representative personal information from my claim verbally, in writing, and/or in person.
- I understand that under this authorization only the above person will have access to my claim.
- I understand the WCB will give my individual representative access to my file to help me review my claim and/or conduct an appeal.

Section B: Authorizing a company to act as your representative

I understand I may authorize a company to act as my representative, which means the company can decide which of their employees can access my claim:

Company Name _____ Phone Number _____

Address _____

- I authorize the WCB to give information from my claim verbally, in writing, and/or in person to employees of the company I named above.
- I understand the WCB will give my representative company's employees access to personal information on my file to help me review my claim and/or to conduct an appeal.



Worker's	Last Name	First Name	Initial	Claim Number
----------	-----------	------------	---------	--------------

Release of a Claim File

You may have one copy of your claim file sent to you or your representative. Check box 1 OR 2 to tell the WCB how to release your claim file:

1 Please send me one copy of my claim file. I will take responsibility for giving my representative information from my file.

OR

2 I give the WCB permission to give my representative one copy of my claim file.

If the copy of the claim file that you or your representative receives contains records or documents about any other person, they must be returned to the WCB immediately.

Dated this _____ day of _____, 200_____.

Worker's Signature _____