



AUTHORIZATION
&
REQUEST FOR DISCLOSURE

Name:

Address:

WCB Claim Number: _____

Home Phone Number:

I, _____, hereby authorize the Workers' Advocate to act and make any representations on my behalf in all matters pertaining to the *Workers' Compensation Act* and the Yukon Workers Compensation Health and Safety Board concerning my claim for workers' compensation.

Pursuant to section 56 of the S.Y. 2008 *Workers' Compensation Act*, I authorize and direct the Workers' Compensation Health and Safety Board to furnish any or all information regarding my compensation claim to the Workers' Advocate, and I authorize and direct all persons, including physicians, hospitals and other medical care professionals, to furnish any or all information, reports and material concerning the care of myself, whether personal or medical, to the Workers' Advocate, at Q-1 P.O. Box 2703, Whitehorse, Yukon Y1A 2C6; Telephone: 867-667-5324; Fax: 867-393-6346.

I understand the above information obtained under section 56 of the S.Y. 2008 *Workers' Compensation Act* shall be used solely for the purpose of reviewing or appealing matters respecting the above claim. Use of this information for any other purpose is an offence under the Act and may be subject to prosecution.

This authorization shall remain in effect for two years from the date of signing, or until it is cancelled in writing, whichever is earliest.

Signature of Claimant:

Date: