



Q-1

AUTHORIZATION TO COMMUNICATE BY EMAIL

I, (print name) _____, in all matters pertaining to the *Workers' Compensation Act* and any claim for workers' compensation for which they have been authorized to represent me, hereby authorize the Workers' Advocate to send me by email message any correspondence, requests for information, confidential medical and employment information, and any other documents, if and when possible, necessary and preferred. This authority will remain in effect until written notice to revoke this authorization has been received by the Workers' Advocate.

My email address is: _____

I understand that: email is not a reliable or secure form of communication; interception by a third party is possible and that the confidentiality of any email message cannot be ensured; it is impossible to verify the true identity of an email and any given message may not be delivered, opened or read for any number of reasons; and that emails are permanent forms of communication- even if deleted, back-up or other copies may exist.

I also understand that the Workers' Advocate Office may decide, at any time and at its own discretion, that it may not wish or that it may no longer be possible to continue communicating with me by email.

I further understand that I may revoke this authorization at any time- but not retroactive to the release of information made in good faith- by writing to the **Workers' Advocate** at **Box 2703/Q-1, Whitehorse, Yukon , Y1A 2C6** , or by fax to **(867) 393-6346**.

X

Signature of Claimant

Date

The Workers' Advocate Office will endeavor to respond to incoming email communications as quickly as possible. If you are concerned we may not have received a message please call our office during regular business hours.

Revocation of Authorization

I no longer wish to communicate by email. _____ Date _____