

**CONSENT TO RELEASE MEDICAL INFORMATION**



Personal information you provide to the Advisor Office for Alberta Workers' Compensation (AO) is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) and is managed in accordance with Part 2 of the Act. The personal information you provide will be used by the AO for the purpose of reviewing claims within the workers' compensation system (Workers' Compensation Board - Alberta (WCB), Appeals Commission for Alberta Workers' Compensation (AC), and the Medical Panels Office (MPO)), and to provide recommendations as a result of its review. The information will also be used for providing appeals and advisory services on your WCB claim.

**Note:** If any of the below information is not provided or is incomplete, it may cause a delay in proceeding with your file review. You may be asked to provide an original signature on this form, if required. If you have questions about the collection and use of your medical information, please contact the Advisor Office toll-free at 1-866-427-0115 or [advisoroffice@gov.ab.ca](mailto:advisoroffice@gov.ab.ca).

**PLEASE PRINT CLEARLY OR TYPE.**

<b>Worker's First Name</b>	<b>Worker's Middle Name</b>	<b>Worker's Last Name</b>
<b>Date of Birth (dd-mmm-yyyy)</b>		

I \_\_\_\_\_ authorize you to disclose my health information to the Advisor Office. I understand why I have been asked to disclose my health information and I am aware of the risks and benefits of consenting or refusing to consent. I understand I may revoke this consent in writing at any time.

I authorize you to release copies of all information and medical reports, including psychological and psychiatric reports, and work history reports to the Advisor Office for the purpose of reviewing my workers' compensation claim and/or pursuing any related appeal. I also authorize you to communicate with the Fair Practices Office if additional information or clarification is required.

<b>Name</b>	<b>Signature</b>	<b>Date</b>
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