

WORKER'S AUTHORIZATION



C622F

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.

Your personal information may also be used to contact you to complete a survey and will not be used or disclosed for any other purpose, without your written consent or unless required to do so by law. Should you have any questions pertaining to the collection of your personal information please contact the Advisor Office toll-free at 1-866-427-0115, or advisoroffice@gov.ab.ca.

PLEASE PRINT CLEARLY OR TYPE. AN AUTHORIZATION FORM IS REQUIRED FOR EACH CLAIM.

A. Claimant Information

First Name	Middle Name	Last Name
Date of Birth (dd-mmm-yyyy)	Email	Telephone Number
Mailing Address		
City	Province	Postal Code

B. Authorization of Formal Representative

Note: If any of the below information is not provided or is incomplete, it will cause a delay in proceeding with your file.

Claim Number	Date of WCB Decision Letter (dd-mmm-yyyy)	State the specific decision you wish to appeal



EDMONTON #200, 10405 Jasper Avenue, Edmonton, Alberta T5J 3N4 • Tel: 1-866-427-0115 • Fax: 780-638-2328
CALGARY #602, 1701 Centre Street NW Calgary, Alberta T2E 7Y2 • Tel: 1-866-427-0115 • Fax: 780-638-2328

C. Authorization to Collect Information from the WCB

I authorize the Advisor Office to collect information, including personal information, about my claim verbally, electronically, in writing and/or in person from the WCB for the purposes of reviewing and/or appealing a WCB decision and providing advocacy services. The WCB is authorized to disclose personal information to the Advisor Office that is necessary for the purpose of providing appeals and advocacy services. This includes, but is not limited to a copy of my claim file and copies of correspondence sent to me by the WCB.

D. Authorization to Share Medical Records

I authorize the Advisor Office to share and discuss my medical records with my treating physician(s) to seek clarification or get an opinion on any medical matter relating to my claim.

E. Expiry of Authorization

- This authorization will expire if rescinded by you. Should you wish to revise or rescind your authorization, you are responsible for submitting a written notification to the Advisor Office at advisoroffice@gov.ab.ca.
- Once the issue(s) of appeal on this form has been resolved, this authorization will remain in effect for 12 months from the date it is signed to allow for repeat or additional services pertaining to this claim within this time period.
- Should you require further assistance on this claim from the Advisor Office following the expiry of this authorization, you will be required to submit a new authorization form.

F. Definition of a Formal and Informal Representative

A Formal Representative may access information about your claim directly from the WCB. They have the authority to make representations on your behalf, can request a copy of your claim file and will receive a copy of correspondence sent to you.

An informal representative may assist you by providing and receiving information about your claim with WCB employees. They do not have the authority to make decisions on your behalf, cannot request a copy of your claim and will not receive a copy of correspondence sent to you. If you would like to appoint an informal representative, you must submit an Informal Representative Consent Form.

G. Authorization

I authorize the Advisor Office to act on my behalf for the purposes of assisting with my claim, which include reviewing and/or appealing a WCB decision. The Advisor Office may make representations on my behalf and proceed with a documentary or in-person hearing in my absence if the Advisor Office considers this action to be appropriate in the circumstances.

Name

Signature

Date

