

## EMPLOYEE CONSENT TO DISCLOSE PERSONAL INFORMATION

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Apt# / Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Province)

\_\_\_\_\_  
(Postal Code)

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

I do hereby authorize the WorkSafeBC to disclose my personal information to \_\_\_\_\_,  
with regards to the following records:

- WorkSafeBC claim / injury history
- Time lost injury history
- Retraining covered by WorkSafeBC
- Rehabilitation history
- Doctor's instructions / recommendations
- WorkSafeBC personal orders written.

This consent shall remain in effect until otherwise notified.

This information will be used for an employee background check and will be kept private and confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date