



Labour Relations and Workplace Safety

Injured Worker Appeal Services

300-1870 Albert Street

Regina, Canada S4P 4W1

Phone: 877-787-2456

Authorization to Release Medical Information

I, _____, authorize you to release my medical information that you have at your disposal to the following organization:

Injured Worker Appeal Services
300-1870 Albert Street
REGINA SK S4P 4W1

I understand the medical information you release to Injured Worker Appeal Services may include: written medical opinion(s); diagnostics/diagnostic reports; medical examination notes/reports; physical therapy reports; multi-disciplinary reports; clinic notes; etc.

I understand Injured Worker Appeal Services is collecting and using this information for the purpose of determining if there is merit to proceed with an appeal and/or as evidence included in an appeal on my behalf as it relates to issue(s) in relation to my Saskatchewan Workers' Compensation Board injury claim(s).

I understand that the information is collected, stored and utilized in accordance with *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*.

Date

Please type or print name

Signature

