

Consent to Release of Personal Information

rst and last name)	(city and province)			
eby consent to the one-time rd (WCB) of:	release by the Saskatchewan Workers' C	ompensatio		
The entire contents of my WCB file with the claim number				
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	ated to my WCB file with the claim number			
	tion using as much detail as possible).			
	("third-party requestor"). or organization)			

Byc ve g ۰у pursuant to the provisions of The Workers' Compensation Act, 2013, The Freedom of Information and Protection of Privacy Act and The Health Information Protection Act.



Further, by consenting to the release of the above information, I understand the following:

- That this information is being provided only for the intended purpose outlined in the third-party requestors' request for the information and the Saskatchewan Workers' Compensation Board shall not be held liable for any misuse of the materials once they are received by the third-party requestor.
- That the Saskatchewan Workers' Compensation Board may redact the personal information of third parties that may be contained within this information.

Dated this	_day of	, 20at	in the province of	
Signature			Witness signature	
Printname			Printname	

Please contact your customer care facilitator if you have questions about this Consent to Release of Personal Information form. If you have questions about the Saskatchewan Workers' Compensation Board's authority to disclose your personal information under the relevant privacy legislation, please contact the WCB's privacy officer at privacyoffice@wcbsask.com.