



Click on any field to start editing.

### Request for Copy of File

**Name:** \_\_\_\_\_ **WCB claim number:** \_\_\_\_\_

Section 173(2) of The Workers' Compensation Act, 2013 (the Act) provides authorization for access to a copy of your file.

To receive a copy of your file, fully complete and return this form to the Workers' Compensation Board.

According to the provisions of subsection 173(3), the information contained in your file cannot be used publicly or for any other purpose than pursuing your claim with the Workers' Compensation Board.

Sensitive medical information may be sent to your physician rather than directly to you. You will be notified if this occurs.

***If you would like your file copy sent to your representative:***

1. Please complete Section A.
2. A completed "*Authorization Letter of Representation*" is also required prior to your file copy being released to your representative.

**If you complete Section A, a copy of your claim will only be sent to the representative you identify.**

Section A			
Representative's name (please print): _____			
Address: _____			
City: _____	Province: _____	Postal code: _____	
Phone: _____	Fax: _____		
Email: _____			

**Your request for a copy of the file is NOT a request for an appeal.**

Date: \_\_\_\_\_ (MM/DD/YYYY)

Signed: \_\_\_\_\_ (Your signature)

Name: \_\_\_\_\_ (Please print)

