

Pre/Post Accident Profile Consent for Release of Information

I hereby authorize _____ to interview health care professionals, previous and/or current employers, family members, friends and co-workers, and/or obtain copies of hospital, medical, vocational and other related records in order to prepare a Pre and Post – Accident profile report (the “Report”) for the Workers’ Compensation Board of Alberta (WCB).

I understand that any information provided by these contacts, in addition to information provided by me, will be included in the Report.

The purpose of this Report is to gather pre-accident baseline and current information pertaining to all aspects of my physical, medical, social and emotional status, as well as educational and employment history. I understand that this information will be used to make decisions on my WCB claim _____.

I therefore give my permission for those persons interviewed to divulge this information and allow the Report to be released to the Worker’s Compensation Board of Alberta. I further give my permission for the necessary hospital, medical and other related records to be released to _____ for the preparation of the Report. Only information that is deemed necessary to complete the Report will be collected.

I understand that a photocopy or fax of this form may be used as required.

I understand why I have been asked to disclose this information and am aware of the risks and/or benefits of consenting or refusing to disclose this information. I understand this Consent Form will be valid for a period of six (6) months from the date of signing, and that I may revoke this consent at any time.

Worker

Occupational Therapist

Print name: _____

Print name: _____

Signed: _____

Signed: _____

Date: _____

Date: _____