

Appendix 6

Combined Appeals – Authorization to Release Information

WCAT Workers' Compensation
Appeal Tribunal

150 – 4600 Jacombs Road
Richmond, BC V6V 3B1
Telephone: (604) 664-7800
Toll Free: 1-800-663-2782
Fax: (604) 664-7898

TO THE WORKERS' COMPENSATION APPEAL TRIBUNAL (WCAT):

Please be advised that _____ (representative's name) is representing me and a number of my co-workers in appeals before WCAT with respect to the decision of the Workers' Compensation Board, operating as WorkSafeBC (Board), or the Review Division, dated _____ regarding _____ (issues).

By this authorization I consent to have my appeal dealt with in conjunction with those of my co-workers. I also authorize the release of all information, including evidence, documentation and submissions, which is presented on my behalf or obtained by WCAT, to the other parties involved in these appeals.

I understand that once decisions are issued, WCAT places all documentation pertaining to the appeal on the Board files of all the parties involved in these appeals. To maintain the confidentiality of my personal information, the representative has signed the attached "Documentation Agreement," under which they will provide WCAT with an extra copy of all documentation with my name and personal information blacked out (the Amended Documents). I understand that WCAT will provide the Amended Documents to the Board to form part of the files of the other parties involved in these appeals once the decisions are issued.

NAME (please print)

BOARD CLAIM NUMBER

ADDRESS

WCAT APPEAL NUMBER

CITY

PROVINCE

POSTAL CODE

SIGNATURE

DATE

DOCUMENTATION AGREEMENT

WCAT Workers' Compensation
Appeal Tribunal

150 – 4600 Jacombs Road
Richmond, BC V6V 3B1
Telephone: (604) 664-7800
Toll Free: 1-800-663-2782
Fax: (604) 664-7898

TO THE WORKERS' COMPENSATION APPEAL TRIBUNAL (WCAT):

Please be advised that I _____ (representative's name) am representing
_____ (worker's name) and a number of their
co-workers in appeals before WCAT with respect to the decisions of the Workers' Compensation
Board, operating as WorkSafeBC (the Board), or the Review Division, dated
_____ regarding _____
_____ (issue).

By this Agreement I confirm that I will provide WCAT with an extra copy of all the worker's
documentation with their name and personal information blacked out (the Amended Documents).

I understand that once a decision is issued WCAT will provide the Amended Documents to the
Board to form part of the files of the other parties involved in these appeals.

REPRESENTATIVE'S NAME
(please print)

WORKER'S NAME
(please print)

REPRESENTATIVE'S SIGNATURE

WORKER'S BOARD CLAIM NUMBER

DATE

WORKER'S WCAT APPEAL NUMBER