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Pitt Meadows, BC, V3Y 2M6
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AUTHORIZATION & CONSENT

FOR RELEASE OF PATIENT INFORMATION

Patient Name _____

Care Card # _____

Birthdate _____

Address _____

_____

Phone # _____

Claim No.: _____

I, _____, in respect to my WorkSafe BC / ICBC Claim injury date _____, authorize the release of the following information:

- ✓ Current clinical records and reports
- ✓ Past clinical records (related to current claim)

I understand that the release of this information is to be used for my WorkSafe BC / ICBC Claim.

I consent to the release of information to:

- ✓ WorkSafe BC/ICBC
- ✓ Physician

Patient's Signature _____ Date: _____