



Consent Form to Release a Worker's Information

(Ce document est aussi disponible en français)

Instructions

1. Please review the case material sent to you with this consent form (with your representative if you have one).
2. Review our Practice Direction #3 – Consent for the WSIAT to Release a Worker's Information.
3. Fill out and sign this form. It tells us if you agree to release this information, and any information you send us, to interested parties.
4. Send us this form within **4 weeks** from the date of the request letter.

Call us if you have questions about this form. Our Call Centre is open Monday to Friday
8:30 a.m. – 5:00 p.m.

Call Centre	416-314-8800
Toll-free in Ontario	1-888-618-8846
TTY	416-314-1787

1. Appeal Information

Case Name

WSIAT #

2. Release of Your Case Materials

Please select one.

I agree.

I reviewed the case material sent to me with this consent form. I agree that the WSIAT can send this information to the parties that they identify as having an interest in this appeal. I understand that the WSIAT can send this information in electronic or paper form.

I do **not** agree.

I reviewed the case material sent to me with this consent form. I do **not** want the WSIAT to send the information I listed on page 3 of this form to any parties with an interest in this appeal. I understand that the WSIAT will contact me to discuss my objection.

3. Signature

I am (choose one)

- the worker.
- the person authorized to act on behalf of the worker's estate.
- other – please explain _____

Signature
(If filing electronically, type your first and last names.)

Date
(dd/mm/yyyy)

- When you file electronically, typing your name and dating this form represents your signature. Check the box to confirm you understand and agree to this.

4. How to Send Us This Form

Fill out, sign, and send us a copy of this form by E-file or mail.

E-File www.wsiat.on.ca under the E-File tab

Mail Workplace Safety and Insurance Appeals Tribunal
505 University Avenue, 5th floor
Toronto ON M5G 2P2

Accessibility

The WSIAT is committed to providing an environment that is inclusive and accessible to all people. If you need an accommodation, please write to us with the details of your request.

Collection, Use and Disclosure of Personal Information

Information on this form is collected for the proceedings of the Workplace Safety and Insurance Appeals Tribunal (WSIAT). All information is collected in line with the *Workplace Safety and Insurance Act, 1997*. It will be included in the WSIAT file and shared with parties of record of the appeal. This information will only be used for workplace safety and insurance purposes. Questions about the collection of information should be directed to the Freedom of Information and Privacy Coordinator at the WSIAT by calling 416-314-8800 or 1-888-618-8846 (toll-free), or 416-314-1787 (TTY).

Documents I do not want released

List the documents or parts of documents that you do **not** want the WSIAT to send to parties with an interest in this appeal.

Document Date, Title and Author	Page References	Why do you object to its release?
Jan 5 2021 Functional Abilities Dr. Smith	Case Record p. 256	This report lists information about a family member.

I included additional information on separate pages.