



## “Release of Medical Information”

CLAIM NUMBER: \_\_\_\_\_

WORKER'S NAME: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, authorize you to release copies of any or all information and medical reports, including psychological and psychiatric reports, and work history reports, to the Workers' Compensation Board of Alberta, where they are required for the purpose of adjudication of the above claim.

This authority shall continue until withdrawn, by me, in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date