



AUTHORIZATION AND DIRECTION TO RELEASE INFORMATION

To: **Sir/Madam**

From: _____
(print your name)

Date of Birth: _____

Health Card Number: _____

THIS SHALL BE your good and sufficient authority to release, disclose, and/or discuss, which includes allowing access, review, inspection, the making of copies, with the Assessor and his team at their request, all record, reports, documentation, correspondence and/or information you have under your control, whether on paper, electronically or under a different format, pertaining to :

- **Medical information:** All medical reports, records and pre-existing medication information, tests, dates or information, diagnostics, prognostics, treatment plans, treatments/medication given and/or received, etc.
- **Employment information:** All my employment files, evaluations and notes to file, all information concerning my abilities to return to work and my professional status including permission to contact my past, current or potential employer.
- **Police reports / Incident reports:** All records, including the permission to contact the agent and/or professionals involved in _____.
- **Financial information / Insurance / Pensions:** All records, claims, documentation, correspondence, declarations, applications and forms including the permission to contact any agent, representative and broker.

A photocopy or transmission of this authorization by facsimile may be accepted with the same authority as the original.

I have read the above authorization and express my consent by affixing my signature.

Witness Signature

Claimant Signature

Date