



Office of the Worker Counsellor

Helping injured workers in Nova Scotia

Authorization of Representative

I, _____ of

(Name)

(Address)

(Claim Numbers)

hereby authorize the Workers' Compensation Board of Nova Scotia to release to the **Office of the Worker Counsellor**, any and all information and documentation in the possession of the Workers' Compensation Board, or in my claim file, relating to my claim for compensation. I further appoint the Office of the Worker Counsellor as my representative with regard to my claim.

Consent for the Collection, Use and Disclosure of Personal Information

I further consent to the collection and use, and disclosure of my personal information for the purposes reasonably associated with the activities of the Office of the Worker Counsellor, specifically providing assistance, advocacy and education.

Dated at _____ Nova Scotia this _____ day of _____, 20____ .

Worker signature

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