



# Office of the Worker Counsellor

*Helping workers in Nova Scotia*

## Authorization of Representative

---

(Name)

---

(Address)

---

(Claim Numbers)

I hereby appoint the Office of the Worker Counsellor (OWC) as representative with regard to my claim.

I authorize the **Workers' Compensation Board of Nova Scotia** to release to the **Office of the Worker Counsellor** any and all information and documentation in their possession, including my claim file, relating to my claim(s) for WCB benefits.

### Limitations

I understand that the OWC provides general information only, and cannot offer legal or other professional advice of any kind. I know the OWC does not warranty or guarantee the quality, accuracy or completeness of any information provided. I recognize the OWC will not act as my lawyer or provide legal representation. I know I am free to seek legal advice at any time.

### Consent for the Collection, Use and Disclosure of Personal Information

I consent to the collection, 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.

### Threats of Violence

I understand that the OWC does not tolerate threats of violence – direct or indirect - against any party, including against the WCB or WCB staff. I know that any threats of violence will be immediately reported to the parties involved and to any authorities the OWC deem appropriate.

---

**Signature**

---

**Date**

**Office of the Worker Counsellor**  
3700 Kempt Road Suite 220  
Halifax Nova Scotia B3K 4X8

902 455.5455 **phone**  
1.877.220.2722 **toll-free**  
902.455.5649 **fax**

[info@workercounsellor.ca](mailto:info@workercounsellor.ca) **email**  
<http://workercounsellor.ca> **website**

