WorkplaceNL

Mail form to: 146-148 Forest Road
P.O. Box 9000 St. John's NL A1A 3B8
Fax form to: 709.778.1586
Visit us at: workplacenl.ca

Call us at:
t 709.778.1000
t 1.800.563.9000

Request for File Information

To be completed by the worker, the employer or their designated authorized representative.
Workers with a MyWorkplaceNL account, please submit online.

1. Worker Information

Last Name	First Name	Claim Number(s)
Mailing Address		
City/Town	Province / Postal Code	Telephone ( )

2. Other Information

If you do not know the claim number(s) an Internal Review Clerk will contact you.

Please choose one option:

☐ Copy of file information to be sent to worker at the above address. (Please continue to section 3.)

OR

☐ Copy of file information to be sent to employer, designated authorized representative or a third party (Please provide mailing address below and continue to section 3.)

Name of Employer, Designated Authorized Representative or Third Party		
Name of Organization		
Mailing Address		
City/Town	Province / Postal Code	Telephone ( )

3. File Information Requested

What file information are you requesting? Please indicate if related to a Request for Internal Review. Please note applicable charges may apply.

- ☐ Updates only
- ☐ Medical information
- ☐ All-full file
- ☐ For Internal Review
- ☐ Medical and rehabilitation information
- ☐ Other, please specify _____

4. Authorization/Undersigned

I, the undersigned, consent to the disclosure by WorkplaceNL of the requested information to me, the authorized representative, or third party indicated above. I understand this may include sensitive information, including **past medical history.**

Name (please print)

Signature of Worker, Employer or Designated Authorized Representative — Date (yyyy/mm/dd)

Personal information contained on this form is collected under the Workplace Health, Safety and Compensation Act, *2022* and will be used to respond to your request. If you have any questions regarding this request for file information or applicable fees, please call us at: 709.778.1000

For WorkplaceNL only