



Release of Information

I _____ authorize the exchange of medical information between the Doctors and Occupational Health Nurses of Occupational Health Programs (OHP) and my attending physician, specialists or caregivers that will assist in assessing my medical condition and its impact on my occupation. I further authorize the release of pertinent non-diagnostic information to assist with my rehabilitation and return-to-work planning.

I acknowledge that I have been advised that OHP is under an obligation to inform my employer of any limitations or restrictions that may have an effect on my ability to do my occupation. **This consent is valid for a period of six months.**

Date

Employee Signature

Witness

Any questions regarding this authorization should be directed to an Occupational Health Nurse at Occupational Health Programs.

OCCUPATIONAL HEALTH PROGRAMS

BC Public Service Agency

VANCOUVER

Box 12183, 707 – 808 Nelson St
Vancouver, BC V6Z 2H2
Ph: (604) 660-2587
Fx: (604) 775-0697

VICTORIA

Box 9421 STN PROV GOVT
Victoria, BC V8W 9V1
Ph: (250) 952-4228
Fx: (250) 952-4230

KAMLOOPS

700 – 235 First Ave
Kamloops, BC V2C 3J4
Ph: (250) 371-3831
Fx: (250) 371-3832