

**CONSENT FOR EMAIL COMMUNICATION OF PERSONAL INFORMATION TO A THIRD PARTY**

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7 www.wcb.pe.ca  
Phone: (902) 368-5680 Toll-free: 1-800-237-5049 Fax: (902) 368-5696

**Please complete and send to the Workers Compensation Board via mail, fax or email.  
WCB email addresses are available on the WCB website, www.wcb.pe.ca**

I, \_\_\_\_\_ (*print full name*), authorize the Workers Compensation Board (WCB) of Prince Edward Island to include my personal information in email communications with the following:

<i>Name</i>	<i>Email address (Print in CAPITAL LETTERS)</i>
_____	_____
_____	_____
_____	_____
_____	_____

I understand that:

- This consent form applies only to the use of email, not all methods of communication. To manage claims, the WCB is authorized by the *Workers Compensation Act* to communicate with employers and health care providers, and may do so via telephone, fax or mail.
- The WCB cannot guarantee the security of email messages that I send or receive, and that interception by a third party is possible.
- The WCB must limit the type of personal and sensitive information that is communicated by email to reduce the impact of any breach in security.
- I am responsible for updating the WCB on any changes to my email authorization. If there is a change I will complete another consent form.
- I can revoke this authorization at any time, but not retroactively. This authorization is in effect until written notice to revoke authorization has been received by the WCB .

<b>Name:</b>	<b>Claim # (if applicable)</b>
<b>Signature:</b>	<b>Date:</b>