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Nova Scotia Workers' Compensation Appeals Tribunal

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REQUEST FOR ACCESS TO DOCUMENTS

Worker's Name: Enter text.

WCB Claim No: Enter text.

WCAT No: Enter text.

Check One: Initial Request
 Update Required

The Employer would like a copy of the following documents from WCAT:

- Copy of complete WCB Claim file(s)
- Copy of medical reports only
- Copy of the following documents only (please be specific):

On behalf of the Employer, I understand and agree to the following conditions regarding WCAT's release of documents to the Employer:

- a. the documents will be kept confidential and secure by the Employer;
- b. the documents will only be used by the Employer to pursue or respond to the appeal;
- c. the Employer will comply with any other conditions or restrictions the Tribunal may impose regarding the use and disclosure of the documents;
- d. this undertaking applies to all documents provided by the Tribunal or participants in the course of this appeal; and
- e. once the appeal matter has been closed, the documents must be securely destroyed or returned to the Tribunal.

Name and Title (*print*)

Date

Signature