



---

First Name

Last name

## CONSENT TO ASSESSMENT/SERVICE AND RELEASE OF INFORMATION

- I have been referred by **WorkSafe BC** for the following Vocational Services:
  - ☐ Resume and Cover Letter Preparation
  - ☐ Job Search Skills
  - ☐ Individualized Job Placement Skills
- I understand that services may consist of:
  - Medical/Claim History (the collection of information regarding past medical history, lifestyle questions, and other health information)
  - Vocational History (the collection of information regarding previous employment, education, language skills, computer skills and volunteer history)
  - Collection of Pre-Accident Job Information
- I agree that:
  - o This service may result in vocational recommendations pertaining to future employment options and/or education programs
  - o A copy of reports will be sent to: \_\_\_\_\_
  - o Lifemark does not control the manner in which this report may be used
  - o Reports may be examined by any person within Lifemark with direct interest in the case
  - o My participation is voluntary and I have the right to refuse this service or stop at any time
  - o I wish to have a third party authorized to communicate or receive information on my behalf: \_\_\_\_\_ (please print third parties full name, i.e. Martin Schneider)

I consent to undergo the Vocational Services as described above, and this consent shall be valid for the noted services for a period of 90 days.

Client

Print Name: \_\_\_\_\_  
Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

Witness

Print Name: \_\_\_\_\_  
Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

Third Party

Print Name: \_\_\_\_\_  
Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

Witness

Print Name: \_\_\_\_\_  
Sign: \_\_\_\_\_  
Date: \_\_\_\_\_