

INFORMATION IN THE DECISION

As decisions of the WHSCRD are accessible to the public, proper care is taken by the WHSCRD to ensure there is no reference to personal identifying information within the final decision. Parties are identified in the WHSCRD decision as “the worker” or “the employer,” etc. Representatives and witnesses are generally referred to by name. If the use of the name of a representative or witness can identify a party, then they will be referred to as “the representative” or “the witness”.

WHSCRD decisions are labeled by number and not by name to ensure confidentiality of all parties to the review process.

CHANGES TO CONTACT INFORMATION

Parties may contact the WHSCRD at any time to advise of changes to their contact information. When an individual demonstrates that there is an inaccuracy or incompleteness of their contact information, the WHSCRD will amend the information as required.

FOR MORE INFORMATION

For information regarding *Access to Information and Protection of Privacy (ATIPP)*, please consult the ATIPP office at:

Department of Justice
P.O. Box 8700
St. John's, NL A1B 4J6
Tel: (709) 729-7072
Fax: (709) 729-5466

For more information on the WHSCRD process, please consult the following pamphlets:

- ▶ General Information
- ▶ Review Process
- ▶ Hearing Process
- ▶ Employer Participation
- ▶ Representation
- ▶ Witnesses and Subpoenas
- ▶ Reconsideration Process

If you require additional information or assistance, please contact our office at:

**Workplace Health, Safety and
Compensation Review Division**
2nd Floor, Dorset Building
6 Mount Carson Avenue
Mount Pearl, NL A1N 3K4
Tel: (709) 729-5542
Fax: (709) 729-6956
Toll Free: 1-888-336-1111
E-mail: whscrd@gov.nl.ca

or

Visit our website at:
www.gov.nl.ca/whscrd



Workplace Health, Safety and Compensation Review Division

ACCESS TO INFORMATION



COLLECTION AND USE OF INFORMATION

The Workplace Health, Safety and Compensation Review Division (WHSCRD) is responsible for the protection of personal information it maintains for the purpose of the review process. The WHSCRD acts in accordance with the *Access to Information and Protection of Privacy Act (ATIPPA)* to ensure that personal information is safeguarded during the review process.

Parties submitting a *Request for Review* application may be required to provide some or all of the following information to assist the WHSCRD in processing their application:

- name, address and telephone number,
- the accident employer contact information,
- a workers' compensation claim number,
- an employer's workers' compensation firm number, and
- information regarding the Internal Review decision of the Workplace Health, Safety and Compensation Commission (WHSCC).

The WHSCRD will prepare a file for use by participants to assist them with their case during the review process. The WHSCRD file is referred to as a Case Description. Documentation and correspondence pertaining to the *Request for Review* application, including a copy of the WHSCC relevant file information, are contained within the WHSCRD Case Description.

DISCLOSURE

The WHSCRD makes every effort not to disclose information in a worker's file that is not relevant to their workers' compensation claim.

Where a worker has concerns about information to be released, they may review the information. During this review, any personal, irrelevant information that may need to be removed from the file should be promptly identified.

Workers should remember that their employer is entitled to a copy of the relevant claim information required to assist them with their case. Requests to restrict access to all of the information on file, may result in officials of the WHSCRD determining what information should be disclosed.



DISCLOSURE TO PARTICIPANTS

Participants should be aware that before the WHSCRD will release information to a worker's or employer's representative, an *Authorized Representative Consent* form identifying the representative and authorizing access to the information must be submitted to the WHSCRD.

Before receiving the Case Description or any additional information regarding a worker's *Request for Review*, the employer will be required to complete an *Employer's Notice of Intention to Participate (ENIP)* form outlining their level of participation in the review process. If the employer is entitled to receive a copy of the WHSCRD Case Description, the employer must designate an individual to be responsible for the protection and privacy of that information. The employer must also agree, in writing, to keep the information confidential and secure. The onus is on the employer not to disclose or use the information for any purpose other than the WHSCRD review process.

INFORMATION AT THE HEARING

Oral hearings are private and not open to the public, however, the WHSCRD has the discretion to permit attendance by members of the public and observers, such as family members upon request. Hearing proceedings are recorded to ensure a transparent and accountable review process and for future reference. The WHSCRD maintains these recordings in a secure manner.