**Obtaining patient consent for reports submitted to ICBC**

**From April 1, 2019**

Significant improvements have been made to ICBC Accident Benefits to improve care and treatment for anyone injured in a crash.

To support these changes, ICBC worked with many stakeholders, including health care practitioners and their respective associations. This work included revising assessment report templates that ICBC will use, among others, for the following purposes:

- Ensure the correct Claims Representative or Recovery Specialist is assigned to the claim
- Authorize reasonable and necessary medical expenses and process payment in a timely manner
- Proactively address potential barriers to recovery at an early stage to promote optimal outcomes.

**Why is the process for managing consent changing?**

The new report templates include a specific checkbox to prompt practitioners to obtain consent from their patient who has been injured in a motor vehicle crash. The purpose is to help streamline the new workflow process by proactively sending information to ICBC on all motor vehicle crash initial injury assessments.

**What changes do I need to make in managing ICBC patients?**

- During your assessments, inform your patients that you may share a report with ICBC on their diagnosis and care plan, and ask for their consent to do so - consistent with your consent and information sharing guidelines. If the patient provides consent, send the report to ICBC.
- If your patient does not provide consent, do not send the report and instead document the patient information in your records. Please also read the next section.

**What if a patient refuses to consent to the sharing of information with ICBC?**

- ICBC has the ability to collect medical information from patients who have an injury claim.
- If practitioners do not have consent to provide a report to ICBC, ICBC will send the patient’s treating practitioner a formal request to obtain relevant information on their injuries.
- If practitioners receive this request from ICBC, they are obliged under section 28.1 of the *Insurance (Vehicle) Act* to provide the information requested in the report, to the extent that it is known by the health care practitioner.
- Section 18(1)(o) of the *Personal Information Protection Act (PIPA)* allows disclosure of information without consent if the disclosure is required or authorized by law. The *Insurance (Vehicle) Act* requires health care practitioners to provide ICBC with reports, in the form established by ICBC, with the detail set out in the *Insurance (Vehicle) Act*. Therefore, provision of the information is required by law, and PIPA allows disclosure of medical information for the purposes set out in the *Insurance (Vehicle) Act*.
- ICBC encourages practitioners to contact the patient’s ICBC claim representative in cases where consent has not been obtained.

**How do I invoice if I do not receive consent to share information with ICBC?**

- In the case that you do not receive consent, please invoice for a standard treatment.
- When consent is provided later, or a request letter obligates a health care practitioner to provide the report, an assessment visit and report fee should replace the standard treatment coinciding closest with that date.

*Example:* An assessment visit and report is completed on April 5th and the patient does not provide consent to share the information with ICBC. On April 15th you receive a letter from ICBC requesting the report. The patient has a subsequent visit scheduled for April 16th. The visit on April 5th is invoiced as a standard treatment since the report was not provided to ICBC. The visit on April 16th is invoiced at the assessment visit and report rate, since the report has been provided on that date, and the date coincides with a treatment date.
The wording in the Regulation provides a single fee for an assessment visit and assessment report rather than having them as distinct items capable of being billed separately.

**How do I bill if I do receive consent to share information with ICBC?**

The assessment visit and report fee will be invoiced at the time the report is submitted via the Health Care Provider Invoicing and Reporting (HCPIR) application. This is important to note to prevent any visit being billed twice.

**How do I contact ICBC?**

A feedback form is available on ICBC’s Health Services Business Partners site for any questions you may have. The Health Care Inquiry Unit (HCIU) is available Monday-Friday, 8:30am-4:00pm

**Lower Mainland:** 604-587-7150
**Toll free:** 1-888-717-7150

**If you require more information**

- On consent and information sharing, please see your association’s guidelines on privacy.
- Regarding fees and reports, please visit ICBCs Health Services Business Partners site.

**Pre and post April 1 processes**

For accidents before April 1, health care practitioners are still required to provide a report of injuries, diagnosis, and prognosis, in any form established by ICBC, upon request. For convenience, ICBC is asking practitioners to handle all requests (pre and post April 1) the same way and send the report to ICBC with the patient’s consent. This will help to maintain one efficient, expedited reporting process, regardless of when the crash occurred, while also ensuring compliance with legislation.

To illustrate the change in process effective April 1, 2019, simplified patient and report journeys are outlined in the diagram below: