



Request and Authorization to Provide Medical Information

CLAIM NUMBER	ADJUSTER NAME	EMPLOYEE NUMBER	LOC CODE
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Patient's Information

PERSONAL HEALTH NUMBER	SEX	BIRTH DATE (ddmmmyyyy)	PATIENT NAME (First Name, Initial, Last Name)
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To whom it may concern:

I _____
 or I, _____ parent/guardian
 of _____
 a minor, or administrator/executor of the estate of _____,
 hereby authorize the Medical Services Plan to furnish to any representative of the Insurance Corporation of British Columbia upon presentation of this authorization or photocopy thereof, any and all claims history information for medical and health care services rendered to me and covered by the Medical Services Plan between the dates
 of _____ and _____,

IMPORTANT INFORMATION – Please read before signing

Why do I need to sign this form?

Your permission is needed so that the Medical Services Plan (MSP) can provide your adjuster with your MSP claims history. If your adjuster cannot obtain this information, it could delay payment of some of your no-fault accident benefits or settlement of your injury claim.

What is an MSP claims history?

It is a record of all the medical and healthcare services provided to you that were covered by MSP. The claims history lists the doctor or other healthcare practitioner who provided the service, the treatment date, the diagnostic code, and the MSP treatment code for the service provided. The diagnostic code is used to determine which medical services are relevant to this claim.

Is ICBC authorized to collect this information and what does ICBC do with the information?

Information collected with this form is done so in accordance with Sections 26 and 27 of the *Freedom of Information and Protection of Privacy Act*, Section 3 of the *Freedom of Information and Protection of Privacy Regulation*, and Section 9 of the *Insurance Corporation Act*. This information will be used primarily in the evaluation and settlement of your current claim. There is also a possibility it will be referenced on future claims you may have. Questions about this collection of personal information should be directed to your adjuster or you may also contact ICBC's privacy office at 151 W. Esplanade N. Vancouver, BC V7M 3H9 or call 604-661-2800.

This is not a release of claim for damages.

SIGNATURE OF PARENT OR GUARDIAN

SIGNATURE

SIGNATURE OF MINOR

DATE

ADDRESS

TELEPHONE

For ICBC use only

MAIL OR FAX TO: **Medical Services Plan** **Fax: 250-405-3593**
 Correspondence and Research Unit
 PO Box 1600 Victoria BC V8W 2X9