Brain Injury Supports and Navigation Pilot

ICBC Customer Consent for Release of Personal Information

I, _____, authorize the Insurance Corporation of British Columbia (ICBC) to share the following information with BrainTrust Canada, South Okanagan Similkameen Brain Injury Society, and/or the BC Brain Injury Association (collectively, the "Brain Injury Partner Organizations, each a "Brain Injury Partner Organization"):

- My name
- ICBC claim number
- Address
- Email
- Phone number
- Approved service type (Support Service and/or Navigation Service)

This information will be used by the Brain Injury Partner Organization(s) to identify and connect me with a participating brain injury support provider close to my home address, for the purpose of providing Support and/or Navigation Services as part of the Brain Injury Supports and Navigation Pilot.

I also consent to these Brain Injury Partner Organizations and/or ICBC sharing my contact information and approved service type with the brain injury support provider they identify, solely for the purpose of providing Support and/or Navigation Services as part of the Brain Injury Supports and Navigation Pilot.

I understand that ICBC will **not** share any medical information (such as diagnoses, medical reports, or clinical records), or claim details (such as benefit entitlement, outstanding claim information, or claim status)—unless I specifically authorize it in writing.

I understand this signed Consent to Release Personal Information form is valid for the duration of my claim, unless revoked by me in writing directly to my claims representative**.**

Date (DD-MMM-YYYY) _____

ICBC Customer Name _____

ICBC Customer Signature _____

Guardian/Representative name, printed (if applicable) _____

Guardian/Representative phone number (if applicable) _____

Guardian/Representative signature (if applicable) _____