



Authorization to Provide Medical Information

CLAIM NUMBER	ADJUSTER NAME	EMPLOYEE NUMBER	DATE (ddmmmyyyy)
CLAIMANT NAME		PERSONAL HEALTH NUMBER	

To whom it may concern:

I _____ or
 I, _____ parent/guardian of
 _____ a minor, or administrator/executor of
 the estate of _____,

authorize every medical practitioner, chiropractor, physiotherapist, occupational therapist, dentist, medical insurer, ambulance owner (including British Columbia Ambulance Service and the Emergency Health Services Commission) and the employees of every hospital as defined in the *Hospital Act*, to provide any representative of the Insurance Corporation of British Columbia upon presentation of this authorization or photocopy thereof:

- any and all records, x-rays and other medical imaging, information and evidence in their possession and/or,
- a report or certificate, including but not limited to the diagnosis, treatment, current condition, and prognosis, in any format specified by the Corporation including verbal, written and electronic formats,

relating to issues raised by my claim for injuries incurred on or about _____, **including medical history and physical condition both prior and subsequent to the above date, regardless of lapsed time.**

This is not a release of claim for damages.

SIGNATURE

ADDRESS

PHONE NUMBER

Information collected with this form is done so in accordance with Section 26 of the *Freedom of Information and Protection of Privacy Act* 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.