

CONSENT TO SHARING OF INFORMATION

On May 1, 2021, the Insurance Corporation of British Columbia (ICBC) implemented a new care-based insurance model called Enhanced Care. Under Enhanced Care, all British Columbians injured in a crash on or after May 1st have access to medical care and treatments for as long as needed. ICBC has developed five guiding principles that are core to the Enhanced Care model:

- Fund evidence based treatment that is reasonable, necessary, and medically advisable.
- Utilize function-based outcomes to support customer recovery.
- Support seamless and timely access to care.
- Customize the level of intervention and involvement to the unique needs of the customer.
- Collaborate with health care providers to support their design and delivery of integrated care.

To allow for the coordination of your care and recovery, ICBC is requesting a written report following your first appointment after the crash, and perhaps at times during your recovery journey. Your consent is requested in order to submit this information to ICBC.

Your ICBC claim representative will answer any questions you may have, and can be reached by calling the Claims Customer Support Unit 604-982-2813 or toll free 1-888-388-9882. To protect your privacy, and to confirm it's really you, ICBC will ask you for your ICBC claim number or driver's licence number, so it's a good idea to have either one accessible when you make the call.

I hereby authorize Dr. _____ to submit to ICBC the Report identified below ("Report"), which contains medical information related to a motor vehicle crash dated _____. I understand that the information contained in the Report can be used by ICBC in connection with my insurance claim.

Standard Medical Report (*ICBC report type chosen by your physician if you are still able to work or able to complete your studies or training*)

Extended Medical Report (*ICBC report type chosen by your physician if you are unable to fully complete work, training or studying activities*)

Reassessment Medical Report (*ICBC report type chosen by your physician to share ongoing medical information if requested*)

I do not provide consent to share information related to the history, examination, assessment and management of the injury related to the motor vehicle crash with ICBC. *When this box is checked, your physician may submit this form to ICBC (HealthCareInquiry@icbc.com).*

Note: In the event you do not provide consent to release information to ICBC as outlined above, your ICBC claim representative may send your treating physician a formal, written request to obtain relevant information on your injuries. If your physician receives 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 physician.

A photocopy or electronic version of this authorization is as valid as the original. I have read and understood the contents of this document and I hereby consent to the sharing of the Report with ICBC, and the use of my medical information contained therein as indicated above.

Signature

Name (please print)

Date: (mm/dd/yyyy)

ICBC Claim number (optional)