MANITOBA
PUBLIC INSURANCE

AUTHORIZATION TO COMMUNICATE WITH MANITOBA PUBLIC INSURANCE BY E-MAIL

Claim Number: _____

I, _____, hereby authorize representatives from Manitoba Public Insurance to communicate with me by electronic mail (email) with respect to my injury Claim File Number_____, at _____ [email address].

I understand and acknowledge that:

1. Manitoba Public Insurance is governed by *The Freedom of Information and Protection of Privacy Act* (*FIPPA*) and by *The Personal Health Information Act* (*PHIA*) in terms of how personal information and personal health information is collected, used, disclosed and secured.

2. Manitoba Public Insurance may impose conditions which will apply to email communications to or from me. In some circumstances, Manitoba Public Insurance may determine that email is not an appropriate mechanism for delivering my confidential information to me. This may be due to the size of a proposed attachment, or to the particular sensitivity of the information to be transmitted.

3. Email communications that are not encrypted are inherently insecure.

4. Although Manitoba Public Insurance will use reasonable means to protect the confidentiality of personal information and personal health information sent and received by email, it cannot guarantee the confidentiality of email communications and will not be liable for improper disclosures of confidential information that are not due to the intentional misconduct of its employees or authorized agents.

I accept the risks associated with email communications of confidential information, including electronic payment remittance statements, between Manitoba Public Insurance and me, and I consent to the conditions under which Manitoba Public Insurance will agree to engage in those communications.

This authorization will remain in effect until specifically revoked. Revocation shall be by written notice to Manitoba Public Insurance.

_____
Witness (anyone 18 years of age or older)

_____
Signature of Customer / Customer's Representative

_____
Date (dd/mm/yy)

Please return the completed form to:

Manitoba Public Insurance
Injury Claims Management
P.O. Box 6300, Winnipeg, MB R3C 4A4
Or Fax to Number: 204-954-5332