

PLEASE READ FIRST...

Authorization to Release Injured Child's Information

By signing these forms:

- ✓ You're authorizing the child's health-care providers* to tell us about the child's injuries and other medical history related to those injuries.
- ✓ You're authorizing us:
 - To use this information to determine if the child is entitled to injury coverage.
 - To share this information with other health-care providers who may examine the child's injuries.

** "Health-care provider" includes, but is not limited to a physician, paramedic, dentist, optometrist, chiropractor, physiotherapist, registered psychologist or athletic therapist.*

Here's what you need to do:

- 1) Fill out one form for each of your health-care providers.**
- 2) Fill in the health-care provider's name, your name, the child's name, the accident date, the child's Manitoba Health Registration number and Personal Health ID number.**
- 3) Sign each form at the lower right.**
- 4) Get another adult to sign at the lower left, as your witness.**
- 5) Date each form below your signature.**
- 6) Mail your forms to us in the enclosed envelope. (Once we've received your signed forms, we'll send them on to your health-care providers.)**



Authorization to Release Injured Child's Information

To the health-care provider*: _____
(health-care provider's name)

I, _____, am the parent, or the guardian, of _____.
(your name) (child's first & last name)

The child was injured in an automobile accident on _____.
(date)

The injured child's Manitoba Health Registration number is _____ (6-digit number on the front of child's Manitoba Health card).

The injured child's Personal Health ID number is _____ (9-digit number on the back of child's Manitoba Health card).

I am claiming Personal Injury Protection Plan (PIPP) benefits on behalf of the injured child, from Manitoba Public Insurance (MPI).

I authorize you to give to MPI:

- Personal health information about the child's injuries, from and after the accident date.
- The child's pre-accident medical history (related to injuries from the accident) for up to two years before the accident.

I authorize MPI to:

- Collect the injured child's personal health information, as described above, to determine the child's eligibility for benefits under PIPP or any other MPI insurance plan.
- Share the injured child's personal health information with any of the child's other health care providers.
- Share the injured child's personal health information with other health care providers to whom the child may be referred for an assessment relating to this claim.

My authorization is valid either:

- for two years from when I signed it
or
- until I revoke it in writing

whichever comes first.

By revoking or refusing to renew this authorization:

I understand the injured child may lose their entitlement to PIPP benefits.

This form, or a photocopy of it, serves as my authorization.

Witness (anyone 18 years of age or older)

Parent/Guardian's signature

Date (dd/mm/yy)