

AUTHORIZATION FOR RELEASE OF HEALTH CARE INFORMATION FOR FATALITY CLAIMS

Claim Number: _____

Date of Loss: _____

The late _____, MHSC Registration/PHIN No. (nine digit number) _____ passed away on _____, and a claim has been made to Manitoba Public Insurance (MPI) for benefits and insurance money under Parts 1 and 2 of The Manitoba Public Insurance Corporation Act as a result of that accident.

I, _____, am representing the Estate of the deceased for the purposes of the above-noted MPI Claim.

I, _____, am the representative, who authorizes, _____, (name of Doctor, Chiropractor, Therapist or Hospital) located at _____ (address of care provider) to provide Manitoba Public Insurance with personal health information regarding the injuries sustained for the late _____ from the date of the accident and including up to two years of medical history prior to the date of the accident as that history relates to the injuries sustained. This information is for the purpose of determining entitlement to benefits and insurance money under Parts 1 and 2 of The Manitoba Public Insurance Corporation Act.

I authorize Manitoba Public Insurance to forward personal health information to other practitioners involving the late _____'s care and to any health care practitioners to whom they may have been referred for an assessment relating to this claim.

I understand that the information collected on this claim may be shared with other departments within Manitoba Public Insurance for the purpose of administering its driver's licensing and vehicle registration programs, and its other insurance programs.

This authorization, or a photocopy of same, shall be your full and sufficient authority to disclose this information to Manitoba Public Insurance.

This authorization shall be valid for a period of two years from the date of signature, unless earlier revoked by me in writing.

Witness (anyone 18 years of age or older)

Signature of 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