

AUTHORIZATION FOR RELEASE OF PERSONAL HEALTH INFORMATION SUBROGATION

Claim Number:

I, _____ (name), was injured in an automobile incident on _____ (date), in the province/state of _____ and I have made a claim to Manitoba Public Insurance ("MPI") for benefits under Part 2 of *The Manitoba Public Insurance Corporation Act* ("The Act").

1. I am aware and have been informed of MPI's right of subrogation and that I must cooperate with MPI in their subrogation efforts as outlined in Section 76 and Section 77 of *The Act*.
2. I understand that personal information and personal health information collected on my injury claim may be shared in cooperation with other departments within MPI, to enforce its right of subrogation.
3. I authorize the minimum amount of any personal information and/or personal health information collected by MPI on my behalf to be disclosed when necessary to a court, to counsel retained by MPI, to counsel representing a third party (including a third-party insurance company) or to any other party involved in a settlement discussion or a filed or anticipated lawsuit involving the above-noted automobile incident. This authorization is provided so that MPI may exercise its right of subrogation with respect to this incident. The personal information and/or personal health information to be provided may include, but not be limited to, compensable injury diagnoses, rehabilitation/recovery status, rehabilitation/return to work plans, amounts paid for health care services and treatments and amounts expected to be paid on the claim, as well as documents/invoices demonstrating the personal information and/or personal health information.
4. This authorization shall be valid for a period of two years from the date of signature, unless earlier revoked, or changed by me, in writing.

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