

Statement of Benefits Paid
 PO Box 1360 Station Main
 Edmonton AB T5J 2N3

Law Firm/Insurance Company Unique Lifetime Identifier

23580-4871

This consent is obtained in accordance with section 22(6.1) of the *Alberta Health Care Insurance Act* and section 34 of the *Health Information Act*.

Note:

- Alberta Health will not accept incomplete consent forms.
- A cheque in the amount of \$25 plus 5% GST = \$26.25, made payable to the Government of Alberta, must be attached to each request for a Statement of Benefits Paid.

Authorization

I hereby authorize the Minister and the Department of Alberta Health to disclose individually identifying health information in the form of a Statement of Benefits Paid, including:

- date(s) of service
- type(s) of service
- name(s) of practitioner(s), and
- amount(s) paid

for _____, personal health number (PHN) _____,
(name of client- please print) (PHN of client)

and date of birth _____, for the period from the _____ day of _____, _____ to
(year) (month) (day) (day) (month) (year)

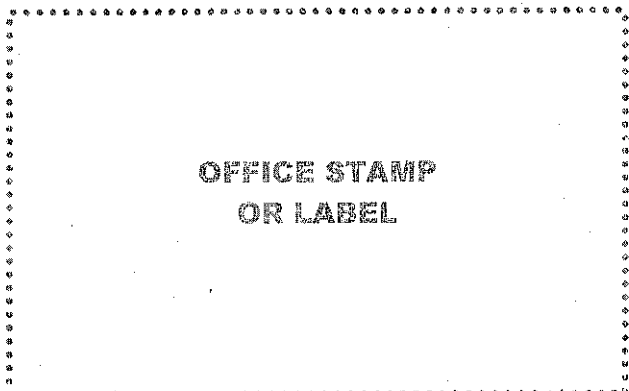
the _____ day of _____, _____ to:
(day) (month) (year)

(name of law firm/insurance company)

(address of law firm/insurance company)

This information is to be disclosed for the following purpose(s)
 (e.g., litigation):

(purpose for requesting the Statement of Benefits Paid)



This consent is effective on the _____ day of _____, 20____ and may be revoked by me in writing any time.
(day) (month) (year)

Signatures

I understand why I have been asked to disclose this information, am aware of the risks and benefits of consenting or refusing to consent to the disclosure, and have elected to do so anyway.

 Signature of client (if 18 years of age or over) - or - Date

 Signature of authorized representative (if client is under 18 yrs of age or wholly dependent on the authorized representative by reason of mental or physical infirmity)

 Signature of witness Date

 Name of person signing above (Client or authorized representative) (please print)

 Name of witness (please print)

 If signed by an authorized representative, describe authority (e.g., parent/legal guardian, power of attorney, etc.)