

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

23580-4871

Law Firm/Insurance Company Unique Lifetime Identifier

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*.

- Please Note:**
- Alberta Health will not accept incomplete consent forms.
 - A cheque in the amount of \$75 plus 5% GST = \$78.75, 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 of service
- types(s) of service
- name(s) of practitioner(s)
- amount(s) paid

for _____,
(full name of client - please print)

address _____
(suite, street address) (city) (province) (Postal Code)

personal health number (PHN) _____, and date of birth _____,
(PHN of client) (day) (month) (year)

for the period _____ day of _____ to the _____ day of _____,
(day) (month) (year) (day) (month) (year)

(name of law firm/insurance company)

(address of law firm/insurance company)

Purpose for disclosure (e.g., litigation, administer estate, etc.):

(Purpose/Reason)



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. I 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 (18 yrs of age or over) or authorized representative _____ Date _____ Signature of witness _____ Date _____
(If client under 18 yrs of age or wholly dependent on the authorized representative by reason of mental or physical infirmity.)

Print name of person signing above (Client or authorized representative) _____ Name of witness (please print) _____

If signed by an authorized representative, describe authority (e.g., parent/legal guardian, trustee, etc. Proof may be required.)