

Consent to Release Medical Information

Fax to Alberta Blue Cross at 1-780-498-8522

PLEASE TAKE THIS FORM WITH YOU as you will require it if you are hospitalized or require emergency medical treatment while travelling. **At that time, please complete this form and fax it** (or have the health care institution or provider fax it) to Alberta Blue Cross at 1-780-498-8522. By signing this form, you give your permission for Alberta Blue Cross to obtain medical information from your Canadian physician or clinic to identify any relevant pre-existing medical conditions and to process your claim. Canadian physicians will not provide the needed information without a current signed consent form from the patient or an appropriate representative.

PATIENT SURNAME	FIRST NAME	ALBERTA BLUE CROSS TRAVEL ID NUMBER	
HOME ADDRESS		HOME PHONE NUMBER (optional)	
CITY	PROVINCE	POSTAL CODE	

Acknowledgement and Consent Statement

I consent and authorize my attending Canadian physician who has records, knowledge or information regarding my health/medical conditions to release such health/medical records/information to Alberta Blue Cross or its agents as needed for the purposes listed above.

I understand why I have been asked to authorize the disclosure of this information, and am aware of the risks and benefits of consenting, or refusing to consent, to the disclosure.

PHYSICIAN NAME (please print)

NAME OF FACILITY/CLINIC OR ADDRESS

PHONE NUMBER (if available)

Effective Date: This consent will be valid for one year from this date:

____ / ____ / ____
 YYYY MM DD

Signature of patient, or representative if patient is incapable of signing or making a personal decision.

Name of person signing above (please print)

MAIL OR FAX TO: ALBERTA BLUE CROSS
ATTENTION: TRAVEL CLAIMS
10009 108 ST. NW
EDMONTON AB T5J 3C5
FAX: 1-780-498-8522

FOR MORE INFORMATION: **1-800-661-6995**

Representative: If signed by representative, describe the relationship or authority (for example parent, spouse, legal guardian, personal directive, power of attorney)

Name of representative signing above (please print)

Notes

- Alberta Blue Cross will not accept incomplete consent forms.
- This consent is obtained in accordance with section 34 of the *Health Information Act (Alberta)*, sections 7, 8 and 9 of *Personal Information Protection Act (Alberta)* and section 5 of the *Personal Information Protection and Electronic Documents Act (Canada)*.
- For more information on privacy policies, call 1-800-232-1914, ext. 8108 (within Canada), or 1-800-661-6995, ext. 8108 (outside Canada) or e-mail at privacy@ab.bluecross.ca.
- I understand I may revoke my consent at anytime but should I do so, this Agreement is immediately terminated.