

**Insurer Direction for Health Claims for Auto Insurance Processing  
("HCAI Processing") to Disclose Information to Insurance Bureau of  
Canada (IBC) for Specified Purposes**

**Introduction**

HCAI Processing operates an electronic accident benefits health claims transaction processing system that facilitates the exchange of medical and rehabilitation treatment and assessment plans and invoices between Providers and Insurers in an approved form.

Insurance Bureau of Canada (IBC) provides services under contract to regulators, provides products and services of benefit to the industry, and uses non-personal information to conduct research and analysis on issues of common industry concern and advance industry causes, as directed by its board of directors.

IBC's Investigative Services examines insurance crime trends with a focus on auto theft issues and fraud ring investigations, including accident benefits fraud. Detailed information about claims, including information about identified individuals, is essential for this role. IBC is designated as an investigative body under federal privacy laws (*PIPEDA*).

Consent by the claimant for the collection, use and disclosure by insurers and providers of their personal information for these purposes, among others, is obtained by the claimant signing the regulated, Application for Accident Benefits form (OCF1). Part 12 of OCF1 is attached for reference. The language has been reviewed and approved by the Ontario Information and Privacy Commission and FSCO.

IBC abides by its Privacy and Security Policy in regard to all information that it handles. Key principles cover the protection of privacy, security and the confidentiality of business information.

In order to meet its obligations to the insurance industry, and consistent with IBC's ongoing commitment to respect the confidentiality of proprietary information and the privacy of personal information, IBC is seeking specific formal authorizations respecting its collection of information managed by HCAI Processing on your behalf and its use of that information.

Please complete Sections 1 and 2 below to indicate your choice.

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**Section 1:**

By selecting "Yes" in this Section and signing this form, you confirm your organization's direction to HCAI Processing to release to IBC's Investigative Services, and for Investigative Services to collect, use and disclose, information you provide, or which HCAI Processing collects

on your behalf from providers, about automobile insurance claims including extended health claims, provider information, policyholder information (if different than the claimant but in any event conditional upon IBC having obtained written approval from the federal Office of the Privacy Commissioner to have access to such policyholder information) and de-identified, non-personal claimant information for fraud detection and prevention purposes. This authorization is provided on that basis that IBC will seek access to claimant personal information only with an additional express, written consent being first obtained from your organization, and after Investigative Services has provided your organization with evidence that there are reasonable grounds to believe that a breach of an agreement or a contravention of law has occurred or is occurring involving one or more specific, named providers and/or claimants such that your organization is able to meet the requirements of s. 7(3) (d.1) of *PIPEDA*. Upon your organization providing such additional express written consent, HCAI Processing may disclose, and IBC may collect, use and disclose, such claimant personal information as required to investigate and prosecute such breach of an agreement or a contravention of law.

Please indicate your organization's choice by checking the appropriate box below.

- Yes**, HCAI Processing may release to IBC the information described in Section 1 that our organization provides to HCAI Processing or which HCAI Processing collects on our behalf from providers, for fraud detection and prevention purposes.
  - No**, HCAI Processing may not release to IBC the information described in Section 1 that our organization provides to HCAI Processing or which HCAI Processing collects on our behalf from providers, for fraud detection and prevention purposes.
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## **Section 2:**

By selecting "Yes" in this Section and signing this form, you confirm your organization's consent for HCAI Processing to release to IBC, and for IBC to collect, use and disclose automobile insurance claims information, including extended health claims, provider information and de-identified policyholder and claimant information, your organization provides to HCAI Processing (including any information collected on your behalf from providers), for industry-wide purposes, including monitoring health care outcomes, advancing industry causes and providing products and services of benefit to the P&C insurance industry.

Please indicate your organization's choice by checking the appropriate box below.

- Yes**, IBC may collect, use and disclose information described in Section 2 that our organization provides to HCAI Processing, or which HCAI Processing collects on our behalf from providers, for industry-wide purposes, including monitoring health care outcomes, advancing industry causes and providing products and services of benefit to the P&C insurance industry.
  - No**, IBC may not use the information described in Section 2 that our organization provides to HCAI Processing, or which HCAI Processing collects on our behalf from providers, for industry-wide purposes, including monitoring health care outcomes, advancing industry causes and providing products and services of benefit to the P&C insurance industry.
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I agree that HCAI Processing and IBC may rely upon any authorization provided in the above Sections 1 and 2.

**Full Legal Name of Organization:** \_\_\_\_\_

**Name of Officer:** (please print) \_\_\_\_\_

**Title:** (please print) \_\_\_\_\_

**Signature of Officer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(attach OCF1. Part 12)