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 Phone: 1-877-431-4786
 Fax: 1-780-438-5304
 www.asebp.ca

CONSENT TO DISCLOSE PERSONAL INFORMATION

INSTRUCTIONS:

1. If you're using this form to provide consent, please complete Parts 1-4 and 6.
2. If you're using this form to revoke consent, please complete Parts 1 and 5.
3. Please return this form to the address above or fax to 780-438-5304.

Part 1 - Identification*

**Who the information is about*

First name: _____ Last name: _____ ASEBP ID #: _____

Mailing address: _____ Birth date (YYYY/MM/DD): ____ / ____ / ____

City: _____ Province: _____ Postal code : _____

Home phone #: _____ Work or mobile phone #: _____

Email: _____

Part 2 - Capacity to Provide Consent

Is your dependent child, who is 16 or older, capable of providing consent?

Yes (have your dependant complete the rest of the applicable parts of this form) No* N/A

*If your dependent child, who is 16 or older, is incapable of providing consent to the disclosure of their personal information, you may act on their behalf. Their inability to provide consent must be supported through medical or legal documentation, which must be submitted to ASEBP for review and verification.

I've attached medical or legal documentation to support my child's inability to provide consent

Part 3 – Type of Information (Please check all that apply)

Select the type of information ASEBP has consent to release. Benefit utilization is a record of the claims submitted and paid for each benefit type, this includes claims submitted by a covered member or a dependant, as well as a service provider (e.g. pharmacist).

Extended Health Care utilization Dental Care utilization Vision Care utilization Spending Account

Extended Disability Benefits information:
 Current claim file Past claim file(s); claim time period: From _____ To _____

Other: _____

Why is the release of information indicated above being requested?

To answer questions about the plan Benefit administration Income tax Litigation

Other: _____

Part 4 - Release of Information

Indicate to whom ASEBP should release the requested information. This could be a person or an organization (e.g. lawyer). In the case of an organization, please provide a contact name. Please complete all fields below.

1. Name: _____ Person Organization

Contact name (if information is being sent to an organization): _____

Mailing address: _____

Home phone #: _____ Work phone #: _____ Email: _____

Method of release: By phone In person In writing By fax By email

Consent to remain in place: Indefinitely Until ____ / ____ / ____
(YYYY/MM/DD)

2. Name: _____ Person Organization

Contact name (if information is being sent to an organization): _____

Mailing address: _____

Home phone #: _____ Work phone #: _____ Email: _____

Method of release: By phone In person In writing By fax By email

Consent to remain in place: Indefinitely Until ____ / ____ / ____
(YYYY/MM/DD)

Part 5 – Consent Revocation

I would like to revoke the previous consent provided for the disclosure of my personal information to

_____, given on or about _____.
(name) (date: YYYY/MM/DD)

Signature of person identified in Part 1 or parent/guardian**

** Signature of parent or guardian is only required if the person identified in Part 1 is younger than 16 or is deemed incapable of providing consent.

Part 6 - Acknowledgement

I understand that consent is effective on the date this document is signed and remains in effect until it's revoked. I understand why I have been asked to provide this information to the requestor. I'm aware of the risks and benefits of consenting to or refusing to consent to the disclosure of this information. I'm also aware that I may withdraw this consent at any time by notifying ASEBP in writing.

Signature of person identified in Part 1 or parent/guardian**

_____/_____/_____
Date (YYYY/MM/DD)

Name of signatory

** Signature of parent or guardian is only required if the person identified in Part 1 is younger than 16 or is deemed incapable of providing consent.

Consent is being obtained in accordance with sections 7, 8, 9 and 61 of the *Personal Information Protection Act* of Alberta and Schedule 1 of the federal *Personal Information Protection Electronic Documents Act*. If you have any questions regarding the collection, use and disclosure of your personal information, please refer to ASEBP's Privacy Policy at www.asebp.ca/privacy, or contact the privacy officer at 780-438-5300.