



Health Claims for Auto Insurance

PROCESSING

Request for **Access to Professional Information**

Important: This form must be completed by the Health Care Professional to whom the requested information refers.

Name used on professional credentials:

Name commonly used if different:

Profession and ID number:

Please Choose (one, but not both):

- Report 1 will list all the facilities where you are registered.
- Report 2 is specific to a facility, time frame or OCF type, (due to a suspected unauthorized use).

Please enter details of the search below if you have chosen Report 2.

Please supply the address to which you would like the report sent (e-mail or postal). This address must go directly to the professional, and not to a third party.

Daytime contact information

Date: _____ Signature (not typed) _____

Mail, fax or email form to:

Chief Privacy Officer
HCAI Processing
2235 Sheppard Ave. East,
Atria II, Suite 600,
Toronto, ON M2J 5B5

Phone: 416-644-3120
Fax: 416-644-3121
privacyofficer@hcaiprocessing.ca