

CONSENT TO SHARING OF INFORMATION

I hereby authorize Dr _____ to submit to the Insurance Corporation of British Columbia (ICBC) the Report identified below ("Report"), which contains medical information related to a motor vehicle accident dated _____. I understand that the information contained in the Report can be used by ICBC in connection with my insurance claim.

☐ Standard Medical Report (CL489)

☐ Extended Medical Report (CL489A)

☐ Other _____

A photocopy or electronic version of this authorization is as valid as the original.

I have read and understood the contents of this document and I hereby consent to the sharing of the Report with ICBC, and the use of my medical information contained therein as indicated above.

Signature

Name (please print)

Date: (mm/dd/yyyy)