

## Appendix A

### AUTHORIZATION AND RELEASE SPECIFICATIONS

#### 1. DIRECTION AND RELEASE

I, \_\_\_\_\_ personally or as the authorized substitute/proxy for \_\_\_\_\_ (the Insured Patient) irrevocably direct and authorize the Ontario Ministry of Health and Long-Term Care ("the Ministry") to make payment in respect of my claim, or if applicable, the Insured Patient's claim, for out-of-country health services directly to Global Excel Management Inc. ("GEM") and hereby release the Ministry, upon payment to GEM, from any further claim or cause of action in connection therewith.

**Note: An authorized substitute/proxy is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.**

#### 2. CONSENT

**I authorize the Ministry to collect my/insured patient's personal health information, consisting of:**

- information relating to my/insured patient's receipt of health care services outside of Canada, and
- information relevant to the reimbursement of those services under the Health Insurance Act, R.S.O. 1990, c. H.6

from GEM, and authorize the Ministry to disclose such personal health information as may be required for the purpose of verifying my/insured patient's request for payment under the Health Insurance Act, including the details of any duplicate payment previously made to me/insured patient, to GEM.

I understand the purpose for the Ministry's collection and disclosure of this personal health information.

You have the right to refuse to sign this consent form, however, GEM and the Ministry will be unable to process your/insured patient's claim if this form is unsigned.

#### 3. AUTHORIZATION

My/Insured Patient's Name:

Address:

Home Telephone:

Work Telephone.:

Signature:

Date (M/D/Y):

**YOUR/INSURED PATIENT'S ONTARIO HEALTH INSURANCE NUMBER:**

**YOUR/INSURED PATIENT'S VERSION CODE\*:**

Witness Name:

Address:

Home Telephone:

Work Telephone.:

Witness' Signature:

Date (M/D/Y):

\* Depending on the date your/insured patient's Ontario Health Card was issued or renewed, your/insured patient's **VERSION CODE** may be two letters, one letter, or you/insured patient may not yet have a **VERSION CODE**.