



MEDICAL SERVICES PLAN (MSP) CLIENT RELEASE

THIS AUTHORIZATION MUST BE SIGNED

COVERAGE TO BE EFFECTIVE

FROM THE FIRST DAY	TO THE LAST DAY
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CLIENT NAME	CASE NUMBER
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- I agree to abide by the terms and conditions of MSP and declare that I, and any persons covered with me are residents of British Columbia.
- I understand that practitioners who provide service(s) under MSP are required under the *Medicare Protection Act* to release information relative to those services to MSP to support claims for benefits.
- I declare that all information provided is true and I understand that the Ministry of Health Services and/or Health Insurance BC may verify this information with immigration authorities, law enforcement authorities and other public authorities, agencies and persons as appropriate.

Personal information provided to MSP is collected under the authority of the *Medicare Protection Act*. The information will be used to determine residency in BC and determine eligibility for provincial health care benefits. If you have any questions about the collection of this information, contact a Health Insurance BC client service representative at the address and telephone numbers shown below. Personal information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only as provided by that Act.

CLIENT SIGNATURE	DATE SIGNED (YYYY MMM DD)
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LOCAL MINISTRY NAME AND MAILING ADDRESS

EMPLOYMENT AND ASSISTANCE WORKER

NAME	
WORKER'S SIGNATURE	
OFFICE CODE	DATE (YYYY MMM DD)

**Medical Services Plan
Health Insurance BC
P.O. Box 9035 Stn Prov Govt
Victoria, B.C. V8W 9E3**

Telephone
Vancouver: (604) 683-7151
Within BC: 1-800-663-7100

Facsimile: (250) 405-3595