



Health Claims for Auto Insurance

**PROCESSING**

## Request for Access to Professional Information

Name used on professional credentials:

Name commonly used if different:

Profession and ID number:

\*If this is an initial request for information then enter general search criteria (date range, facility names for inclusion or exclusion, all activity etc.)

\*\*If your inquiry is due to information discovered during a general inquiry or you have reason to believe information may be incorrect, then please supply the specified information if possible. (e.g. one facility and all OCF forms and insurers, a specific type of OCF in a date range etc.)

How would you like the results sent to you?

Daytime contact information

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**Mail, fax or e-mail to**

Chief Privacy Officer  
HCAI Processing  
2235 Sheppard Ave. East,  
Atria II, Suite 1100,  
Agincourt, ON M1S 3B4  
Phone: 416-644-3120  
Fax: 416-644-3121  
[privacyofficer@hcaiprocessing.ca](mailto:privacyofficer@hcaiprocessing.ca)