wsib cspaat ONTARIO

Mail to:
200 Front Street West
Toronto ON M5V 3J1

OR Fax to:
416 344-4684
or 1-888-313-7373

Request for Hospital Medical Information

Sent Date dd mm yyyy

Claim Number

This version of the form is for REFERENCE ONLY and CANNOT BE PRINTED.

Please print in black ink

To

Name of Hospital				FAX No. ( )
Address	City/Town	Province	Postal Code	Telephone No. ( )

Patient Information

Last Name	First Name	Date of birth dd mm yyyy
Area(s) of Injury		Date of accident dd mm yyyy
		Date of treatment dd mm yyyy

Report Required (Check all that apply)

	Date From dd mm yyyy	Date To dd mm yyyy	
☐ Emergency Report			☐ Triage ☐ X-rays ☐ other
☐ Investigations			☐ CT Scan ☐ Bone Scan
☐ Inpatient Record: Discharge Summary			
☐ Outpatient Record:			
☐ Clinic: (type)			
☐ Operative Report:			
☐ Other:			

Comments

Requestor Information

From

Last Name	First Name	Telephone No. ( )
Title		

Provider Billing Information

It is an offense to knowingly make a false statement or representation to the WSIB. I hereby declare that the information being submitted is true and complete.

Provider Signature		Service Code **3150**
Provider Position	Service Date dd mm yyyy	WSIB Provider ID (Enter all 9 digits)
		Your Invoice No.
		HST Registration No.
		HST Amount Billed

Confidentiality Note/Legislative Authority:

The information contained in this facsimile message is privileged and confidential, and may contain personal information that may be subject to the privacy provision of the Freedom of Information and Protection of Privacy Act. This information should not be distributed, copied, or disclosed to any unauthorized persons and is intended only for the use of the individual named above and others who have been specifically authorized to receive it. If you have received this communication in error, or if any problems occur with transmission, please notify the sender immediately by telephone.

Section 37 of the Workplace Safety and Insurance Act states; "Every hospital or health facility that provides health care to a worker claiming benefits under the insurance plan shall promptly give the Board such information relating to the worker as the Board may require."

The Personal Health Information Protection Act, 2004, Section 43(1) (h) permits a health information custodian to disclose health information without consent as permitted or required by law including section 37 of the Workplace Safety and Insurance Act.