

CONSENT TO RELEASE MEDICAL SERVICES PLAN BILLING INFORMATION

Article 20 of the Physician Master Agreement ("PMA"), as amended by Physician Master Agreement Amendment Number 4, describes the process to facilitate a change in form of compensation for physician services from fee-for-service to a Service Contract or Salary Agreement, as those terms are defined within the PMA. Physicians who wish participate in this process must consent to the sharing of their relevant Medical Services Plan billing information with the Ministry of Health Services-Physician Compensation Branch, the appropriate Health Authority and/or with members of the Evaluation Committee described at section 20.5 (d) of the PMA.

The physician may terminate this consent at any time upon which all further disclosure and/or collection of billing information pursuant to this consent will immediately cease and all billing information disclosed and/or collected pursuant to this consent will be destroyed as described below. Termination of this consent will result in the cancellation of the physician's participation in this form of compensation change process.

An original of this executed document along with a cover letter identifying the Service Contract or Salary Agreement proposal that the physician is being considered for is to be forwarded to:

Physician Compensation Branch
Ministry of Health Services
3-2, 1515 Blanshard Street
Victoria, BC V8W 3C8
ATTN: Laurie Stein, Senior Manager

I, _____ (print name) hereby confirm my consent for the Ministry of Health Services-Physician Compensation Branch, to collect from administrators of the Medical Services Plan billing information which is relevant to my participation in the PMA process to facilitate a change in form of compensation from fee-for-service to a Service Contract or Salary Agreement, and further to disclose this billing information to the _____ Health Authority and/or members of the Evaluation Committee described above.

I, understand the following:

(a) The Ministry of Health Services-Physician Compensation Branch, the _____ Health Authority and the Evaluation Committee will use my Medical Services Plan billing information collected pursuant to this consent solely for the purposes of fulfilling their stewardship and evaluation responsibilities pursuant to Article 20 of the PMA, and that they will abide by all relevant legislation dealing with privacy and confidentiality, including the *Freedom of Information and Protection of Privacy Act* (FOIPPA), the *Personal Information Protection Act* (PIPA) and the *Medicare Protection Act*.

(b) If the change in my form of compensation from fee-for-service to a Service Contract or Salary Agreement does not proceed, all copies of my Medical Services Plan billing information collected pursuant to this consent in the possession or control of the Ministry of Health Services-Physician Compensation Branch, the _____ Health Authority, and the Evaluation Committee will be destroyed.

(c) If the change in my form of compensation from fee-for-service to a Service Contract or Salary Agreement does proceed, my Medical Services Plan billing information collected pursuant to this consent will be maintained by the Ministry of Health Services-Physician Compensation Branch and the _____ Health Authority solely for the purpose of facilitating such change in form of compensation.

Signed this _____ day of _____, 20_____

Signature _____

MSP Billing Number _____

Applicable Payee Number(s) _____
if different from billing number