



## **ACKNOWLEDGEMENT AND CONSENT**

I certify that the information contained on this form is true and complete. I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by Alberta Blue Cross may be collected, used, or disclosed to administer the terms of my benefit plan. Limited personal information may be collected from and/or released to a third party for the purpose of assessing a claim. This may include a licensed physician and/or any other healthcare professional, institution or other Blue Cross organization, health insurer or government or regulatory authority. I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Blue Cross privacy policies I can contact Alberta Blue Cross at (780) 498-8100 ext. 8108 should I have questions as to the collection, use or disclosure of my personal information. I authorize Alberta Blue Cross to collect, use and disclose my personal information as described above.