

MIB, INC
(Medical Information Bureau)
MIB Information Office
330 University Avenue, Suite 501
Toronto, Ontario, Canada M5G 1R7
(416-597-0590)

REQUEST FOR DISCLOSURE OF MIB RECORD INFORMATION

-SEE INSTRUCTIONS ON REVERSE-

SECTION I – IDENTIFICATION INFORMATION (Please print or type):

Name: _____
Last Name (surname) First Name (given name) Middle Name

Date of Birth _____
Month Day Year Social Insurance Number (Optional)

Birthplace: _____
Give Province (of Canada) or State (of U.S.); if other, give Country

Address: _____
Street City or Town

_____ (_____) _____
Province and Postal Code Area Code and Phone Number

SECTION II – METHOD OF DISCLOSURE OF MIB RECORD INFORMATION

Disclosure will be made directly to you. In some cases, it may be necessary to disclose medical information to a licensed medical professional. In such cases, MIB will ask you for the name and address of a licensed medical professional to whom disclosure will be made.

I request disclosure by one of the following methods:

A. By letter to my address as given above.

B. By reverse charge telephone call at my telephone number as given above:

Date and Hour in Eastern Time zone

C. In person by appointment on _____ Please telephone
Date and hour in Eastern Time zone
MIB Information Office to confirm date and time of appointment.

SECTION III – REQUEST FOR DISCLOSURE AND CERTIFICATION:

I request disclosure of the nature and substance of my MIB record, if any, in accordance with my instructions as given above. I certify that I am the individual described in Section I, or the parent or legal guardian of said individual, and that the information described herein is true and accurate.

Date signed Signature of individual requesting disclosure; if not the same as individual described in Section I, state capacity in which you are signing, such as parent or legal guardian

GENERAL INFORMATION

Upon request and proper identification, you are entitled to receive:

1. The nature and substance of all information that MIB may have in its files pertaining to you;
2. The names or names of the MIB member companies that reported information to MIB; and,
3. The name or names of the MIB member companies that received a copy of your MIB record during the twelve (12) month period preceding your request for disclosure.

Disclosure will be made within 30 days of receipt at the MIB Information Office of your Form D-2, barring unusual circumstances.

INSTRUCTIONS

FOR DISCLOSURE OF MIB RECORD INFORMATION

SECTION I: Furnish all identification information requested.

SECTION II: Check Box A, B, or C. If you check either Box B or Box C, insert a date which is **no earlier than 30 days** after you mail this form; also, if you check Box B, indicate a time, between hours of 10:00a.m. and 4:00p.m., of any weekday (except Ontario holidays)

SECTION III: Date and sign where indicated and return to the MIB Information Office at the mailing address listed on the front of the form.