

REQUEST FOR RELEASE OF BENEFICIARY MCP NUMBER

SECTION 1 BENEFICIARY PERSONAL INFORMATION

Surname	All Given Names (in full)	
Surname at Birth	Sex/Gender (M / F / X)	Birth Date (YYYY-MM-DD)

SECTION 2 HOME MAILING ADDRESS

Street / P.O. Box		
City / Town	Province	Postal Code
Home Telephone Number	Cell Number	E-mail Address

SECTION 3 BENEFICIARY CONSENT

I agree to allow the Department of Health and Community Services, Medical Care Plan, to release my MCP number to the health care provider/facility identified below.

Signature: _____ Date: _____

NOTE: A parent or guardian may sign for a child under 16 years of age. A person holding Power of Attorney may sign for the represented individual.

SECTION 4 PROVIDER / FACILITY

Provider Billing Number	Facility Number
Provider Name, Address, Telephone and Fax Numbers	Facility Name, Address, Telephone and Fax Numbers
Signature of Provider or Designate:	Signature of Authorized Representative:
Date:	Date:

SECTION 5 TO BE COMPLETED BY MCP

Beneficiary MCP Number	Expiry Date
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PRIVACY NOTICE: The Newfoundland and Labrador Medical Care Plan (MCP) collects personal health information under the authority of the *Medical Care and Hospital Insurance Act*. Personal health information collected, used, disclosed, and safeguarded is in accordance with the *Personal Health Information Act* (PHIA). If you have any questions about the collection or use of this information please contact our office.

Grand Falls-Windsor Office:

MCP, 22 High Street, PO Box 5000, Grand Falls-Windsor, NL, A2A 2Y4
Telephone: 709-292-4000 Toll Free: 1-800-563-1557 Facsimile: 709-292-4052

St. John's Office:

MCP, 45 Major's Path, PO Box 8700, St. John's, NL, A1B 4J6
Telephone: 709-758-1600 Toll Free: 1-866-449-4459 Facsimile: 709-758-1694