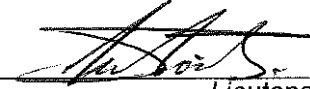


PROVINCE OF BRITISH COLUMBIA

ORDER OF THE LIEUTENANT GOVERNOR IN COUNCIL

Order in Council No. 928 , Approved and Ordered DEC - 8 2008

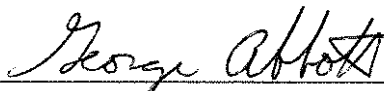


Lieutenant Governor

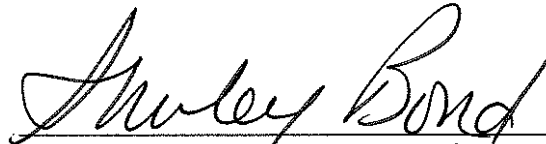
Executive Council Chambers, Victoria

On the recommendation of the undersigned, the Lieutenant Governor, by and with the advice and consent of the Executive Council, orders that effective April 1, 2009,

- (a) the *Health Care Costs Recovery Act*, S.B.C. 2008, c. 27, is brought into force, and
- (b) the attached Health Care Costs Recovery Regulation is made.



Minister of Health Services



Presiding Member of the Executive Council

(This part is for administrative purposes only and is not part of the Order.)

Authority under which Order is made:

Act and section:- Health Care Costs Recovery Act, S.B.C. 2008, c. 27, ss 28 & 25.

Other (specify):- _____

HEALTH CARE COSTS RECOVERY REGULATION

Contents

- 1 Definitions
- 2 Health care practitioners
- 3 Health care services
- 4 Contingency fee arrangements for government interests
- 5 Exemptions
- 6 Forms
- 7 Notices

SCHEDULE

Definitions

- 1 (1) In this regulation, “**Act**” means the *Health Care Costs Recovery Act*.
- (2) For the purposes of the Act, “**insurer**” means
 - (a) an insurer as defined in the *Insurance Act*,
 - (b) a captive insurance company as defined in the *Insurance (Captive Company) Act*, or
 - (c) a member of a reciprocal exchange as defined in section 186 of the *Financial Institutions Act* for which a permit under section 187 of that Act has been issued.

Health care practitioners

- 2 The following health care professions and occupations are prescribed for the purposes of paragraph (b) of the definition of “health care practitioner” in the Act:
 - (a) a profession or occupation referred to in the definition of “health care practitioner” in the *Medicare Protection Act*;
 - (b) occupational therapy.

Health care services

- 3 The following are designated for the purposes of paragraph (e) of the definition of “health care services” in the Act:
 - (a) the following services provided by the Ministry of Children and Family Development or the Community Living Authority:
 - (i) At Home Program Medical and Respite Benefits;
 - (ii) Supported Child Development;
 - (iii) Nursing Support Services;
 - (iv) therapies;
 - (v) family support;
 - (vi) professional support;
 - (vii) specialized residential services;
 - (b) the following professional services paid for by a regional health board:
 - (i) nursing;

- (ii) social work;
 - (iii) registered dieticians;
 - (iv) occupational therapy;
 - (v) speech pathology;
 - (vi) physical therapy;
- (c) prescription drugs that are funded under the PharmaCare program operated by the Ministry of Health Services.

Contingency fee arrangements for government interests

- 4** (1) Subject to this section, the government may enter into a contingency fee arrangement with a lawyer for a beneficiary, or for his or her personal or other legal representative, under which the lawyer will also represent the government's interests in respect of a health care services claim.
- (2) The compensation payable for representing the government's interest under an arrangement referred to in subsection (1) is 15% of the total amount recovered in respect of the health care services claim.
- (3) In addition to the compensation payable under subsection (2), the government may pay for those disbursements directly related to the health care services claim.
- (4) If the negligence or wrongful act or omission that gave rise to the health care services claim occurred outside British Columbia, subsections (2) and (3) do not apply to the contingency fee arrangement.

Exemptions

- 5** (1) Legal proceedings under the *Small Claims Act* are exempt from sections 3 to 7, 12, 13, 19 and 22 of the Act.
- (2) Section 12 of the Act does not apply to a beneficiary or his or her personal or other legal representative if he or she is represented by a lawyer who also represents the government's interests in respect of the health care services claim.

Forms

- 6** The forms in the Schedule are prescribed for the purposes of sections 4, 10, 12 and 13 of the Act.

Notices

- 7** (1) In addition to the other methods set out in section 22 of the Act, written notice to the government under sections 4 (1) and 5 (3) (b) of the Act may be served by emailing the notice to AGHCCRAService@gov.bc.ca.
- (2) A notice served by email under subsection (1) is deemed to be received at the time the person serving the notice receives an email confirmation that the email has been received.
- (3) Notices prescribed for the purposes of sections 10, 12 and 13 of the Act are deemed to be received at the time they are date stamped by the Third Party Liability Office in the Ministry of Health Services.

SCHEDULE



NOTICE OF LEGAL PROCEEDING

Pursuant to section 4 of the
Health Care Costs Recovery Act

Personal information on this form is collected under the authority of the *Health Care Costs Recovery Act*. The information will be used to identify recoverable health care costs as a result of a third party liability incident. If you have any questions about the collection of this information, contact Third Party Liability's email at hith.tpl@gov.bc.ca or call (250) 952-2034. Personal information is protected from unauthorized use and disclosure in accordance with the *Health Care Costs Recovery Act* and the *Freedom of Information and Protection of Privacy Act*.

Full Name of Plaintiff / Beneficiary		Date of Birth (YYYY / MM / DD)
Residential Address	Postal Code	Personal Health (CareCare) Number
Name of Parent, Guardian or Litigation Guardian (if applicable)		
Contact Phone Number (include area code)	Email Address (optional)	
Name of Counsel	Date of Incident (YYYY / MM / DD)	
Legal Counsel's Phone Number	Legal Counsel's Email Address	
Was an ambulance called for this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you attend at a hospital for this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you seen a physician for this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please attach a copy of the filed Writ of Summons and Statement of Claim

Health Care Costs Recovery Act

Service of Notices to Government

22 Written notice to the government under section 4 (1) [requirement to notify government of claim] or 5 (3) (b) [final disposition of claim or legal proceeding]

- (a) must be served on the Attorney General at the Ministry of the Attorney General in the City of Victoria, and
- (b) is sufficiently served if
 - (i) left there during office hours with a solicitor on the staff of the Attorney General at Victoria,
 - (ii) mailed by registered mail to the Deputy Attorney General at Victoria, or
 - (iii) if provided by any other means of service prescribed in the regulations.*

*Pursuant to the Health Care Costs Recovery Regulation, this form, filed Writ of Summons and Statement of Claim are sufficiently served if scanned and emailed to the following address: AGHCCRAService@gov.bc.ca. Notice is deemed to be served once an automatic email confirmation has been received by the person filing the notice.

Signature	Print Name	OFFICE USE ONLY
Date Signed (YYYY / MM / DD)	If signatory is not plaintiff/beneficiary, state relationship	

HLTH 1492 2008/11/07



BRITISH COLUMBIA
The Best Place on Earth

Ministry of Health Services

INFORMATION FROM INSURER

Pursuant to section 10 of the Health Care Costs Recovery Act

Personal information on this form is collected under the authority of the Health Care Costs Recovery Act. The information will be used to identify recoverable health care costs as a result of a third party liability incident. If you have any questions about the collection of this information, contact Third Party Liability's email at hlt.th.tpl@gov.bc.ca or call (250) 952-2034. Personal information is protected from unauthorized use and disclosure in accordance with the Health Care Costs Recovery Act and the Freedom of Information and Protection of Privacy Act.

Name of Insurer *		Name of Adjuster / Contact Person	
Phone Number of Adjuster/Contact Person		Email of Adjuster/Contact Person	
Name of Insured			
Full Address of Insured			Postal Code
Name(s) of injured Person(s)			
Policy limit	Type of policy	Claim number	Policy Number
Name of injured person's legal counsel, if known			
Date of Incident (YYYY / MM / DD)		Location	
Type of Injury/Illness, specify if known (attach details if needed)			
Have legal proceedings been commenced? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (if yes, provide registry number and location)			
Registry Number		Location	

Signature		Print Name		OFFICE USE ONLY
Date Signed (YYYY / MM / DD)		Title of Signatory		

This form, including attachments, is sufficiently served if scanned and emailed to the following address: hlt.th.tpl@gov.bc.ca

- OR -

Please send registered mail or traceable courier to: Third Party Liability
Ministry of Health Services
2-1, 1515 Blanshard Street
Victoria BC V8W 3C8

HLTH 1493 2008/11/07

* As defined by regulations made pursuant to the Health Care Costs Recovery Act.



BRITISH COLUMBIA
The Best Place on Earth

Ministry of Health Services

BENEFICIARY'S NOTICE TO MINISTER

Pursuant to section 12 of the Health Care Costs Recovery Act

Personal information on this form is collected under the authority of the Health Care Costs Recovery Act. The information will be used to identify recoverable health care costs as a result of a third party liability incident. If you have any questions about the collection of this information, contact Third Party Liability's email at hth.tpl@gov.bc.ca or call (250) 952-2034. Personal information is protected from unauthorized use and disclosure in accordance with the Health Care Costs Recovery Act and the Freedom of Information and Protection of Privacy Act.

The payor's legal counsel may fill out and send this form on behalf of the payor

PART A

Full Name		Date of Birth (YYYY / MM / DD)
Residential Address	Postal Code	Personal Health (CareCard) Number
Name of Parent, Guardian or Litigation Guardian (if applicable)		Date of Incident (YYYY / MM / DD)
Contact Phone Number (include area code)	Email Address (optional)	

Has the form *Notice of Legal Proceeding*, HLTH 1492, been submitted to the minister? If yes, proceed to Part C. Yes No

PART B

Was an ambulance called for your injury/illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you attend at a hospital for your injury/illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you seen a physician for your injury/illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have legal proceedings been commenced relating to your injury/illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide registry number and location		
Registry Number	Location	

PART C

Name and Address of Counsel, if any		
Legal Counsel's phone number	Legal Counsel's Email Address	
Name(s) of Potential Defendants		
Has lawsuit been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have proposed settlement terms been reached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of any upcoming mediation or settlement meetings/conferences

Signature	Print Name	OFFICE USE ONLY
Date Signed (YYYY / MM / DD)	If signatory is not plaintiff/beneficiary, state relationship	

This form, including attachments, is sufficiently served if scanned and emailed to the following address: hth.tpl@gov.bc.ca

- OR -

Please send registered mail or traceable courier to: Third Party Liability
Ministry of Health Services
2-1, 1515 Blanshard Street
Victoria BC V8W 3C8

HLTH 1494 2008/11/07



BRITISH COLUMBIA
The Best Place on Earth

Ministry of Health Services

NOTICE OF PROPOSED TERMS OF SETTLEMENT

Pursuant to section 13 of the Health Care Costs Recovery Act

Personal information on this form is collected under the authority of the Health Care Costs Recovery Act. The information will be used to identify recoverable health care costs as a result of a third party liability incident. If you have any questions about the collection of this information, contact Third Party Liability's email at hth.tp@gov.bc.ca or call (250) 952-2034. Personal information is protected from unauthorized use and disclosure in accordance with the Health Care Costs Recovery Act and the Freedom of Information and Protection of Privacy Act.

The payor's legal counsel may fill out and send this form on behalf of the payor

PART A - BENEFICIARY

Full Name of Beneficiary		
Date of Incident (YYYY / MM / DD)	Date of Birth if known (YYYY / MM / DD)	Personal Health (CareCard) Number if known

PART B - PAYOR

Full Name	
Address	Postal Code
Contact Phone Number (include area code)	Email Address (optional)

PART C

Name and Address of Counsel, if any					
Legal Counsel's phone number			Legal Counsel's Email Address		
Name(s) of Potential Parties to Settlement					
Is this a Class Action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has lawsuit been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Trial if known	Registry #	Location	

Signature	Contact Phone Number (include area code)	Email Address (optional)
	Full Mailing Address	
Print Name	Title of Signatory	Date Signed (YYYY / MM / DD)

This form, including attachments, is sufficiently served if scanned and emailed to the following address: hth.tp@gov.bc.ca

- OR -

Please send registered mail or traceable courier to: Third Party Liability
Ministry of Health Services
2-1, 1515 Blanshard Street
Victoria BC V8W 3C8

Please attach:

- Proposed Settlement Terms, Draft terms of settlement or Settlement Agreement (Terms of proposed settlement must clearly outline the amount of the settlement applicable to health care costs)

And, if applicable:

- Releases
- Covenants not to sue

HLTH 1495 2008/11/07

OFFICE USE ONLY

--