

CONSENT TO DISCLOSE PERSONAL HEALTH INFORMATION

| 1 | | hereby authorize | |
|--------------|--|--|--------------------------|
| | | | |
| to discle | ose the following personal health inform | nation: | |
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| | | | |
| | | | |
| | (Description of personal health information to | be disclosed and dates of contact/hospitalisation)) | |
| | (Decomposition percental miles material | so discrete and dates of contact hespitalisation, | |
| to | | | |
| | | | |
| | | | |
| | | | |
| | (Name and a | ddress of person/agency requesting the information) | |
| from the | e records of | | |
| HOIH UIE | (Name of Patient) | | (Date of Birth dd/mm/yy) |
| | | | |
| | | | |
| | (Address of Patient) | | |
| Lunders | stand that this personal health informat | ion is to be used only by the recipient for the pur | pose of: |
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| l b a na b . | iva any and all plains a spirat Data | who would be proposed to be a supposed to be | |
| | y waive any and all claims against Petel sonal health information. | rborough Regional Health Centre in connection | with the disclosure of |
| poi | osa. maan maannaaan | | |
| anad by | | Witness | |
| gnea by: _ | (Patient or Substitute Decision Maker) | Witness: | |
| | (and the description of the second of the s | | |
| _ | | _ Date: | |
| | (Relationship to the Patient) | (Day, Month, Year) | |

Ref. Personal Health Information Protection (PHIPA) 2004