UHN Toronto General Toronto Western Princess Margaret Toronto Rehab

FOR UHN STAFF ONLY: Request Type: ❑ Patient ❑ Legal ❑ Insurance ❑ Circle of Care ❑ Other	

AUTHORIZATION FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

This request for patient records is made with implied consent, solely for the purposes of providing healthcare or assisting in providing healthcare for the above-named patient. There is no information that the patient has expressly withheld or withdrawn their consent to this disclosure. (PHIPA section 18(3)(b))

Patient Name: _____ Date of birth: _____
Last name Given name

Address:_____
Street City Province Postal Code

Phone #:_____ Health Card #:_____Site: TGH / PMH / TWH / TRI /All/ Other

To Release to: (Name and address of Person Receiving Information)
❑ Self ❑ Lawyer ❑ Insurance ☑ Care Provider ❑ Other:_____

Name: Dr. Andrade Danielle
Last Name Given Name

Address: 399 Bathurst St. Toronto ON M5T 2S8
Street City Province Postal Code

Contact #: 416-603-5927 416-603-5768
Phone Fax

Personal health information to be disclosed: (Please select one) ❑ Review only ❑ Requesting copies
❑ All records relating to treatment(s): _____

❑ All Records (from very first hospital visit to today's date)_____

Authorization:
In accordance with PHIPA, authorization must be signed by the patient or the substitute decision maker.
If the Person signing is not the patient, state relationship and authority to do so.

_____ _____
Print: Patient Name/Substitute Decision Maker Name Print: Name of Witness

_____ _____
Signature and Relationship Signature of Witness

_____ _____
Date (DD/MM/YYYY) Date (DD/MM/YYYY)

Interpreter: I have done my best to translate this form from English to _____ and will not divulge any information.
(Indicate language)

Name:_____ Signature:_____

2323

This authorization will be valid for a three month period as of the date of the signature unless specified otherwise.
Withdrawal of Consent: This authorization may be withdrawn at any time, except with respect to actions already taken before the consent was withdrawn. Processing time is dependent on the volume of information requested and is approximately 3 - 15 business days.

Toronto Western Hospital
5-445 West Wing
399 Bathurst St.
Toronto, ON M5T 2S8

~~Princess Margaret – HRS~~
~~3 Basement, RM 202~~
~~610 University Ave~~
~~Toronto, ON M5G 2M9~~

~~Toronto Rehab – HRS~~
~~East Wing Basement, Rm. B-109~~
~~550 University Ave~~
~~Toronto, ON M5G 2A2~~