

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 There is no information that the patient has expressly withheld or withdrawn their consent to this disclosure.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:					
Address	Street		City Prov	ince Po	stal Code		
Phone #:	Health Card #:_		Site: TGH /	PMH / TWH / TRI	/All/ Other		
To Release to:	Name and address of Person 1	Receiving Information	n				
	☐ Lawyer ☐ Insurance						
Name:							
	Last Name	Given Name					
Address:							
	Street	City	Province	Postal Code			
Contact #:	Phone		Fax				
	FIIOHC		rax				
	n information to be disclosed:			□ Requesting cop	pies		
	relating to treatment s :						
□ All Records (from very first hospital visit to today's date							
Authorization	<u>.</u>						
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.							
in the reison si	igning is not the patient, state if	ciationship and autho	Tity to do so.				
Print: Patient Name	e/Substitute Decision Maker Name	Print	: Name of Witness				
Signature and Rela	tionship	Signa	ature of Witness				
Date (DD/MM/YY	YYY)	Date	(DD/MM/YYYY)				
Interpreter: I have done my best to translate this form from English to and will not divulge any							
information.	,	<i>5</i> - 11	Indicate language				
Name:		Signature:					
railic.		Signatule					

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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 Withdrawal of Consent: This authorization may be withdrawn at any time, except with respect to actions already taken before the consent was withdrawn.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 will be completed within 30 business days as per PHIPA.

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