GLAZIER
MEDICAL CENTRE

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

I, ____,
(Name of authorizing person)

Authorize **Glazier Medical Centre** or ____
(Print name of health information custodian)

To disclose to/forward to: ☐ **Self** ☐ **Other (as indicated below)**
Pick up: ☐ **or Mail:** ☐

____
(Name of person or facility)

____
(Address)

____
(Telephone No)

____
(Fax No. (if applicable))

The following health personal information

____

____

Date range of information: ☐ **All** ☐ **Specific Date:** ____________________ to ____________________

From the health record of: ____
(patient name)

Date of Birth: ______________________________ **Health Card Number** ______________________________
(day / month / year)

I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form.

Signature of patient (age 12 or over)/
Substitute decision maker*:____**Date:** ____________________

Relationship (if not patient):______________________________

Signature of Witness:____**Date:**____________________

Print name of Witness:____

Notes:

1. This authorization only pertains to information dated prior to the date of signature.
2. This authorization must contain the original signature of:
   a. The patient, parent or legal guardian if the patient is under 12 years of age; or the substitute decision maker*if the patient is deceased or has been certified mentally incompetent;
   b. The witness to the patient's signature;
3. An Administrative fee will be applied.
4. Records department will contact you when the information is ready for pick up and inform you of the balance owing.

* Please note: In accordance to PHIPA (Personal Health Information Protection Act) authorization must be signed by the patient, and if incapable by the parent or substitute decision maker. A substitute decision maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.