WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

health information

76 Grenville Street, Toronto, ON M5S 1B2

Consent to Disclose Personal Health Information

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

I hereby authorize: **Women's College Hospital**
(Name of person/facility releasing information)

To release to: _____

Name/address of person receiving information: _____

_____

_____

The following information: _____

_____

_____

(Please include dates of treatment)

From the records of: _____

(Print name of patient)

_____

(Address)

_____

(Date of Birth) (Health Card Number)

Telephone #: _____

I understand this information is to be used by the recipient for the following purpose(s) of:

_____

Signature of patient/ Substitute decision-maker*: _____ Date: _____

Relationship (if not patient): _____

Date: _____

Signature of Witness: _____

Print name of Witness: _____

Notes:

1. This authorization is valid for a period of 90 *days* from the date of signing and may be rescinded or amended in writing during that period except where action has been taken based on authorization provided;
2. This authorization must contain the *original signature* of:
   a) the patient, parent or legal guardian if the patient is under 16 years of age and unmarried; 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. This authorization shall apply only to information dated prior to date of signature;
4. If the patient does not read or understand English, the authorization form must be interpreted for the patient. The person who acts as the *interpreter must* sign the form as a *witness* to confirm that this has been done.
5. All AUTHORIZATION FOR RELEASE OF PERSONAL HEALTH INFORMATION forms must be delivered to Health Data Resources to be processed. An Administrative fee may be applied to cover photocopying and related costs.
6. ***Please note: 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**.