

CONSENT FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION



R01-1

Patient Label

Records to be ☐ Accessed or ☐ Released		
Patient Information		
First Name:	Last Name:	
Date of Birth (MM/DD/YYYY):	Health Card Number:	
Address:		Apt No:
City:	Province:	Postal Code:
Phone #(day time):		
Records Released To (Recipient's Information)		
Name of Health Care Provider/Third Party:		
Address:		Apt No:
City:	Province:	Postal Code:
Phone #(day time):		Fax #:
Method of Disclosure		
☐ Email ☐ Mail ☐ In Person Pick Up ☐ CD Copy		
Records To Be Disclosed		
Date of Visit(s)	Description of personal health information to be disclosed	
☐ Emergency visit on: ☐ Outpatient visit on: ☐ Inpatient stay from:		
Reason for Request and Release of Information:		
☐ Medical treatment ☐ WSIB ☐ Estate purposes ☐ Insurance ☐ Legal ☐ Other (specify): _____		
The undersigned hereby authorize Michael Garron Hospital to disclose the aforementioned health information to the recipient indicated for the purpose listed above.		
Patient/Substitute Decision Maker/Executor (Print)	Signature	Date
Witness (Print)	Signature	Date
If the person signing is not the patient, please provide MGH with documentation of your authority to obtain this information		
Interpreter: I have done my best to accurately translate this form for the person referred above, and will not divulge any information learned during this review. Interpreter Name: _____ Interpreter Signature: _____		
This Consent for Disclosure will be valid for 120 days as of the date of the signature unless otherwise specified. This authorization may be withdrawn at any time by written notification to the hospital, but is not retroactive to information released before consent is withdrawn.		

DOCUMENT VERIFICATION LIST

One Document From Two of the Three Sections
When VALID Gov't Issued Picture ID with
Signature is not available

For Department Use only

Patient Label

Section 1 <u>Proof of Citizenship/Eligible status</u>	Section 2 <u>Proof of Residency</u>	Section 3 <u>Support of Identity</u>
☐ Canadian Citizen ☐ Birth certificate from a Canadian province or territory (issued under the Vital Statistics Act) ☐ Canadian Certificate of Registration of Birth Abroad ☐ Certified Statement of Live Birth from a Canadian province or territory ☐ Certificate of Canadian Citizenship or Certificate of Naturalization (paper document or card, not commemorative issue) ☐ Certificate of Indian Status (paper or plastic card) ☐ Registered Indian Record (certified) ☐ Valid Canadian Passport or Canadian Passport expired not more than 5 years. <u>Permanent Residents/Landed Immigrants</u> ☐ Canadian Immigration Identification Card ☐ Confirmation of Permanent Residence (IMM 5292) ☐ Valid Permanent Resident Card or Permanent Resident Card expired not more than five years ☐ Record of Landing (IMM 1000) <u>Other Immigration Status</u> ☐ Letter from Immigration and Refugee Board confirming Convention Refugee or Protected Person status ☐ Protected Person Status document ☐ Temporary Resident Permit (restrictions apply) ☐ Work Permit (restrictions apply) ☐ Written confirmation from Citizenship and Immigration Canada that you have applied for permanent residence in Canada and have passed the immigration medical.	☐ Child Tax Benefit Statement ☐ Employer record (pay stub or letter from employer on company letterhead) ☐ Income tax assessment (most recent) ☐ Insurance policy (home, tenant auto or life) ☐ Monthly mailed bank account statements for savings or chequing accounts (does not include receipts, bank books, letter or automated teller receipts) ☐ Mortgage, rental or lease agreement ☐ Ontario Motor Vehicle Permit (plate or vehicle portions) ☐ Property Tax bill ☐ School, college, or university report card or transcript ☐ Statement of Direct Deposit for Ontario Works for Ontario Disability Support Program ☐ Statement of Employment Insurance Benefits Paid T4E ☐ Statement of Old Age Security T4S (OAS) or Statement of Canada Pension Plan Benefits T4A (P) ☐ Statement of Registered Retirement Savings Plan (RRSP), Registered Retirement Income Fund (RRIF) or Registered Home Ownership Savings Plan (RHOSP) from a financial institution (bank, trust company, credit union) ☐ Utility bill (home telephone cable TV, public utilities commission, hydro, gas, water) ☐ Valid Ontario Driver's License ☐ Workplace Safety and Insurance Board Statement of Benefits T5007 ☐ Your Canada Pension Plan Statement of Contributions	☐ Canadian Immigration Identification Card ☐ Certificate of Canadian Citizenship (plastic card) ☐ Certificate of Indian Status (paper or plastic card) ☐ Confirmation of Permanent Residence (IMM 5292) ☐ Credit Card ☐ Current Employee ID ☐ Current professional association license ☐ Old Age Security card ☐ Ontario Motor Vehicle Permit (plate portion) ☐ Passport (Canadian or foreign) ☐ Permanent Resident Card ☐ Record of Landing (IMM 1000) ☐ Student ID card ☐ Union card ☐ Valid Ontario Driver's License or Temporary Driver's License

ID PROVIDED: ☐ YES

Hospital Staff

DATE (DD/MMM/YY)