

Authorization to release healthcare information

 Brentwood Location7143 W Saanich Rd #102,
Brentwood Bay, BC V8M 1P7
Tel: 250.652.9191 Fax: 778.426.0568 **Sidney Location**2A-2379 Bevan Ave,
Sidney, BC V8L 4M9
Tel: 250.656.4143 Fax: 250.656.9285

Please provide the following information in order to receive your records in a timely fashion:

Patient's Name: _____ Date of Birth: _____

PHN #: _____

I, _____, request and authorize

(Clinic Name, Hospital, Doctor): _____ Fax No: _____

to release my medical records to: Myself, _____ or,

DR. _____

DR. Tel No: _____ DR. Fax No: _____

This request and authorization applies to:

 Healthcare Information relating to the following treatment, conditions or dates:

 All Healthcare Information (2 years only) Other:

Patient Signature: _____ Date Signed: _____

*****The applicant or authorized representative is responsible for payment of any established fees.**