Authorization for Release of Patient Information
Quinte Health

The patient or his/her authorized representative must complete this form before Quinte Health will disclose the patient's/client's health information to someone else. Processing time is dependent on the volume of information requested and will be completed within 30 business days as per PHIPA. If requesting your own personal health information, you will be required to provide two pieces of government-issued photo ID (i.e. driver's license, health card, passport, etc.)

Section A: Patient Information			
Patient Name:			
Date of Birth *(dd-mm-yyyy)*	Health Card Number / Hospital ID:		
Address:			
Section B: What health information do you want disclosed?			
Please provide details about the health information you want disclosed. *(for example: ER reports, X-ray reports etc)*			
Start Date:	End Date:		
Section C: What individual/organization is the patient's health information being disclosed to?			
Name of Individual/Organization:			
Address:	City/Town:	Province:	Phone:
Section D: What is the purpose for disclosure?			
Please provide the reason why you want to disclose the health information. *(for example: treatment, insurance, etc)*			
Section E: What is your relationship to the patient? *(required when asking for health information on behalf of another person)*			
I am the_____*(insert relationship)* of above mentioned patient.			
Section F: Consent for Disclosure			
I understand both the risks and benefits of consenting or withholding my consent. I acknowledge that I have option to revoke this consent in writing at any time.			
Date *(dd-mm-yyyy)*:	Expiry date *(valid for 6 months if no date provided unless otherwise stated):*		
Name of person giving consent:			
Signature:	Date *(dd-mm-yyyy)*:		
Witness Signature:			

Note:

This authorization must contain the original signature of: (a) the patient, or (b) the legal representative if the patient is deceased or has been certified mentally incompetent (in which case the authorization shall be accompanied by a notarial or certified copy of court document appointing the person as the legal representative of the patient).