



## AUTHORIZATION TO RELEASE PERSONAL HEALTH INFORMATION

I hereby authorize Kingston Health Sciences Centre (KHSC) to release the following information

\_\_\_\_\_

\_\_\_\_\_

*Description of information to be disclosed and dates of contact/hospitalization.*

to \_\_\_\_\_  
*(Name of recipient person / facility / agency requesting information)*

at \_\_\_\_\_  
*(Address of recipient person / facility / agency requesting information)* *(Fax number)*

from the records of: \_\_\_\_\_  
*(Patient's first and last name)* *(Date of birth (yyyy / mm / dd))*

\_\_\_\_\_ \_\_\_\_\_  
*(Patient's address)* *(Patient's telephone number)*

Consisting of any visits I made/make to KHSC between the dates of :

\_\_\_\_\_ and \_\_\_\_\_  
*(Start date)* *Eend date)*

I understand that this information is to be used only by the recipient for the purposes of:

- Ongoing Care  Personal  Legal  Insurance  Other (specify): \_\_\_\_\_

The following personal health information is to be disclosed concerning treatment on/from:

- Kingston General Hospital Site  Hotel Dieu Hospital Site  Cancer Centre

### **Authorization:**

I, \_\_\_\_\_, have the legal authority to make this request in my capacity as:  
*(Print First and Last name)*

- The patient
- The patient's Substitute Decision Maker (select one and include copies of documents with prove authority):
- Custodial parent or legal guardian of an incapable youth (child less than 16 years of age)
  - Attorney for Personal Care of an incapable adult
  - Other (Please explain): \_\_\_\_\_
- The Estate Trustee/Executor for a deceased patient (include copies of documents which prove authority)

Date (yyyy / mm / dd): \_\_\_\_\_ Signature: \_\_\_\_\_

This authorization must contain the original signatures; photocopies will not be accepted. It is understood that this authorization may be rescinded or amended in writing at any time by the patient. This authorization automatically expires ninety days after the date signed above.

### **Please send completed form to:**

Release of Information, Kingston Health Sciences Centre  
Kingston General Hospital Site  
76 Stuart St, Kingston, ON K7L 2V7  
Fax # 613-542-8071

For more information scan this QCR code or visit "My  
Health Care Information" at [www.kingstonhsc.ca](http://www.kingstonhsc.ca)

