

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

I, \_\_\_\_\_,  
(Name of authorizing person)

Authorize **Glazier Medical Centre** or \_\_\_\_\_  
(Print name of health information custodian)

To disclose to/forward to:  Self  Other (as indicated below)

Pick up:  or Mail:

\_\_\_\_\_  
(Name of person or facility)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone No)

\_\_\_\_\_  
(Fax No. (if applicable))

**The following health personal information**

\_\_\_\_\_

Date range of information:  All  Specific Date: \_\_\_\_\_ to \_\_\_\_\_

From the health record of: \_\_\_\_\_  
(patient name)

Date of Birth: \_\_\_\_\_ Health Card Number \_\_\_\_\_  
(day / month / year)

**I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form.**

Signature of patient (age 12 or over)/  
Substitute decision maker\*: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship (if not patient): \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of Witness: \_\_\_\_\_

**Notes:**

1. This authorization only pertains to information dated prior to the date of signature.
2. This authorization must contain the original signature of:
  - a. The patient, parent or legal guardian if the patient is under 12 years of age; 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. An Administrative fee will be applied.
4. Records department will contact you when the information is ready for pick up and inform you of the balance owing.

\* Please note: In accordance to PHIPA (Personal Health Information Protection Act) authorization must be signed by the patient, and if incapable by the parent or substitute decision maker. 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.