

AUTHORIZATION FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION

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

Patient Information	
Patient Name: (last, first)	Date of Birth: (YYYY/MM/DD)
Address:	OHIP:
Phone:	Site: Please select: <div style="display: flex; justify-content: space-around;"> Bayview Holland </div>

I am the Patient

I am the Substitute Decision Maker, Name: _____

Type of Information required:	Medical Imaging (CD)	Copy of Health Records
Please provide description		
All records from date:		to date:
Records pertaining to (treatments):		
Select Delivery Format:	Fax	Mail
	MyChart upload	Pick-up in person

Recipient: (Person receiving information, select one)

Self

Lawyer

Insurance

Health Care Provider

Other: _____

Recipient Name:	
Address:	Email:
Phone:	Fax:

Authorization:

In accordance with PHIPA, authorization must be signed by the patient or the substitute decision maker*

Print: Patient/Substitute Decision Maker	Signature & Relationship	Date:(YYYY/MM/DD)
Print: Witness	Signature of Witness	Date:(YYYY/MM/DD)

*A substitute decision maker is a person authorized under PHIPA to consent, on behalf of a patient incapable of consenting, to disclose personal health information about the patient. A patient who is 14 years or older to whom the record pertains is able to sign this authorization on their own behalf.

The consent form is valid for **90 days** from the date the form is signed. This authorization shall apply only to the information dated prior to date of signature. Please note that Photo I.D. is required to confirm identity.

FEES:

Copies of records: A non-refundable, prepaid administrative fee of **\$30.00+HST (\$33.90)** is required to initiate the processing of request (includes first 20 pages), plus \$0.25 per additional page is payable upon completion of request.

Medical Imaging/CD Films: **\$10.00+HST (\$11.30)** per Medical Imaging CD (unlimited pages).

FOR OFFICE USE ONLY MRN:	ID VALIDATED BY:
--------------------------	------------------

