



# Authorization for Release of Patient Information

CLAIM NUMBER	RESOURCE NAME	RESOURCE NUMBER	LOC. CODE
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I, \_\_\_\_\_, hereby authorize \_\_\_\_\_, NAME OF HEALTH CARE FACILITY RELEASING INFORMATION to release the following information; (\* Describe - see below)

\_\_\_\_\_

To me, or to: \_\_\_\_\_ NAME AND ADDRESS OF PERSON AUTHORIZED TO RECEIVE INFORMATION

From the records of \_\_\_\_\_ NAME OF PATIENT born \_\_\_\_\_ DATE OF BIRTH OF PATIENT and presently residing at \_\_\_\_\_

\_\_\_\_\_ ADDRESS OF PATIENT  
I consent to the use of this information by the authorized recipient only for the purposes of \_\_\_\_\_

I hereby release the health care facility authorized to release information as named above, its employees and agents, from any and all claims whatsoever which may arise as a result of the release of the above information.

Information will be released only after the patient or authorized representative has paid the health care facility any fees that may be established for searching and photocopying.

I am nineteen years of age or older.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**Witness:** \_\_\_\_\_ )  
Signature \_\_\_\_\_ )  
Name \_\_\_\_\_ )  
Address \_\_\_\_\_ )  
Occupation \_\_\_\_\_ )

**Patient:** \_\_\_\_\_  
Personal Health Number \_\_\_\_\_  
Patient's or Representative's Signature \_\_\_\_\_  
Relationship to Patient \_\_\_\_\_

This authorization will expire six months from the above date, or on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**Note:** The description of the information to be released should include an approximate date of the clinical record and an indication of the specific information is requested from the record.

\* If authorization is given other than by patient, proof of guardianship or appointment as representative must be given.

This form to be presented in duplicate to the health care facility.  
The British Columbia Health Association has approved the use of this format.

Information collected with this form is done so in accordance with Section 26 of the Freedom of Information and Protection of Privacy Act and Section 9 of the Insurance Corporation Act. This information will be used primarily in the evaluation and settlement of your current claim. There is also a possibility it will be referenced on future claims you may have. Questions about this collection of personal information should be directed to your adjuster.