# Authorization to Disclose Personal Health Information Form

under the *Personal Health Information Protection Act, 2004 (PHIPA)*

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**Authorization to Disclose Personal Health Information:**

☐ Patient

☐ Legal Guardian (please provide documentation to satisfy the Health Information Custodian that you are an authorized Legal Guardian)

**Authorization being given to:**

United Counties of Prescott and Russell
Emergency Services Department
584 County Road 9, P. O. Box 150, Plantagenet (Ontario) K0B 1L0
cboudreau@prescott-russell.on.ca

**Your Information:**

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Last Name: _____

First Name: _____ Middle Name: _____

Address (Street/Apt. No./P.O. Box/R.R. No.): _____

City/Town: _____

Province: _____ Postal Code: _____

Telephone Number (Day): _____ Telephone Number (evening): _____

**Legal Guardian Information (if applicable):**

Indicate the Patient's Name: _____

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Last Name: _____

First Name: _____ Middle Name: _____

Address (Street/Apt. No./P.O. Box/R. R. No.): _____

City/Town: _____

Province: _____ Postal Code: _____

Telephone Number (Day): _____ Telephone Number (evening): _____

**Authorization:**

I, _____ hereby authorize the Emergency Services Department to disclose the following personal information (please provide a specific description of the personal information to be disclosed):

_____

_____

_____

To the following Individual or Organization: _____

| **Preferred method of access to records:** | ☐ Examine Original<br>☐ Receive Copy | Signature: | Date: |
|---|---|---|---|

**Questions can be addressed to: cboudreau@prescott-russell.on.ca**

The personal health information contained on this form is collected pursuant to the *Personal Health Information Protection Act, 2004* (the "*Act*") and will be used for the purpose of responding to your request for access pursuant to section 54 of the *Act*. Questions about this collection should be directed to the privacy Contact Person at the Health Information Custodian where the request for access is made.