



Authorization for Release of Patient Information

CLAIM NUMBER	DATE OF LOSS	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 (If authorization is given other than by patient, proof of guardianship or appointment as representative must be given.):

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

From the records of _____
PATIENT NAME

born _____ and presently residing at _____
PATIENT BIRTH DATE

PATIENT ADDRESS

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.

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.