



REQUEST FOR RELEASE OF MEDICAL INFORMATION

I would like to obtain a copy of the medical information maintained by Peterborough Paramedics. By completing this form I am authorizing the County of Peterborough and Peterborough Paramedics to release my records to me or the person specified below. This request for release is being made in accordance to the *Personal Health and Information Protection Act*.

Name (First, Middle, Last): _____

Street Address or P.O. Box: _____

City, Province & Postal Code: _____

Home Phone: _____ Work Phone: _____ Date of Birth: _____

I, the undersigned, do hereby authorize Peterborough Paramedics to release any and all documentation, knowledge and information that it may possess in connection with the physical or medical condition and injuries of _____, from the _____ day of _____, 20____, and for so doing, let this be your good and sufficient authority. Copies of the information can be mailed directly to me or released to another person who I specify below.

- Please check here, if you want the information sent to you at the above address.
- Please check here, if you want the information sent to someone else. Tell us who you want to receive your health information?

Name of Person: _____

Street Address or P.O. Box: _____

City, Prov. & Postal Code: _____

Please state the reason you are giving permission to have your health information disclosed to this person:

By signing this Authorization, I am permitting the disclosure and sharing of my health and medical information for the purpose described above. I understand that this authorization is voluntary. This Authorization will expire 90 days after signature. I may revoke this Authorization, in writing, except to the extent that you have already relied upon it in making a disclosure. My written revocation will become effective when you receive it. If I wish to revoke this Authorization, I will send a written request to Peterborough Paramedics at the address listed below.

Signature

Date

Title, if legal representative*

* If you are submitting this request on behalf of this individual as their legal representative please provide documentation indicating your designation as such.

Mail or hand deliver this original completed form to:

**Peterborough County/City Paramedics
310 Armour Rd
Peterborough, Ontario
K9H 1Y6**