CARITAS HEALTH GROUP

Consent for Relase of Health Information

☐ Alberta Hospital Edmonton	☐ Fort Saskatchewan HC	☐ Misericordia CH	☐ Stollery Children's Hospital
☐ Community	☐ Glenrose RH	☐ Northeast CHC	☐ Sturgeon CH
☐ Devon General Hospital	☐ Grey nuns CH	☐ Redwater HC	☐ University of Alberta Hospital
☐ Edmonton General CCC	☐ Leduc CH	☐ Royal Alexander Hospital	☐ Westview HC

I hereby authorize the above designated facility to disclose my individually identifying health information from the health record specified below in accordance with section 34 of the Health Information Act:

Patient / Resident / Client _____
Surname *First Name*

Personal Health Number _____ Date of Birth *(day/month/year)*_____

Information to be disclosed: *(please be as specific as possible)*_____

any information relating to injuries sustained in a motor vehicle accident on

including ambulance records, Emergency records and all test results.

Information to be disclosed to: *(specify name and address of person / agency to whome information is to be disclosed):*_____

Townsend & Leedham Adjusters Ltd., 200, 4245 - 97 Street, Edmonton, AB. T6K 5Y7

To assist in determining the appropriate information to release, what is the purpose of this disclosure? _____

Injury accident claim for insurance purposes.

I understand why I have been asked to disclose my individually identifying health information, and I am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my individually identifying health information. I understand that I may revoke this consent in writing at any time. I understand that I am responsible for any costs that may be associated with this request in accordance with the fee schedule.

This consent expires one year from date of signature. A photocopy or facsimilie of this consent shall be as valid as the original.

_____ _____
Signature of Patient / Resident / Client / Authorized Representative* Date
*Authorized Representative - attach a copy of your authority to act.

_____
Signature of Witness