St. Thomas Elgin General Hospital

Consent for Access or Disclosure of Personal Health Information

DATE (YYYY/MM/DD): ________________________________ PIN#: ________________________________

STEGH office use only

I CONSENT TO ALLOW: (check ☐ one only)

☐ St. Thomas Elgin General Hospital ☐ Other health facility, practitioner or agency (specify):

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TO ACCESS/DISCLOSE THE FOLLOWING INFORMATION: (If applicable, specify dates of visits, contacts, hospitalization, treatment, or other information required)

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CONCERNING:

Patient / Client Name: ____________________________________ Date of Birth: ______________________

Last Name Given Name Middle Name *(YYYY/MM/DD)*

Email Address: ____

Address: ____ HC #: ___________________________________

____ Telephone #: ______________________________

Person / Agency to receive information: ____

Address: ____ Telephone #:______________________________

I understand that this information is to be used by the Recipient for the purpose of:

____

Patient/client/resident or person (with legal signing authority) consenting to access/disclosure:

Printed Name: __________________________________ Signature: _________________________________

Relationship if other than patient/client/resident: Address & Telephone # if different than (if patient/client/resident is incapable or deceased) patient/client: ______________________________________

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Office Use only - Verification of identity of individual consenting to the access/disclosure:

Form of ID: ☐ Drivers License ☐ Passport ☐ Notarized letter/Lawyer's letter

☐ Other (specify): ____

ID Checked by: ____________________________________ ____

Printed Name *Signature*

PLEASE NOTE: This Consent For Access or Disclosure pertains to the disclosure of information that is specific to treatment received on or before the date signed. It can be altered or withdrawn by the patient or alternate at any time by written notification to the hospital. Withdrawal of consent is not retroactive to information already released

V2_Consent for Access or Disclosure of Personal Health Information_Dec 2023