



Labrador-Grenfell Health
Labrador Health Centre
Health Records Department
P.O. Box 7000, Station "C"
Happy Valley-Goose Bay, NL
A0P 1C0
Phone: (709) 897-2127
Fax: (709) 896-5966

AUTHORIZATION FOR RELEASE OF PERSONAL HEALTH INFORMATION

Client Name: _____

Address: _____ **Tel #:** _____

Date of Birth: _____ **MCP#:** _____

I, the undersigned, authorize _____
(Name of Department and/or Facility holding the personal health information)

to release information contained in the clinical record of: _____

(Client Name or "Myself")

to _____

(Name & Address of Person/Agency to receive personal health information)

Information to be released will be:

() Regarding admission and treatment for the following medical condition or injury:

() Health records for the period of care: _____ to _____

() Confined to the following specific information: _____

Please Note: If a client requests that this information be transmitted via fax, and where the fax number is unknown, the client must provide this number. The client must acknowledge and accept the risks as outlined below:

Please fax the above referenced information to the following fax number: _____
"I acknowledge and accept the privacy risks associated with the faxing of my personal health information, including (but not limited to) dialing errors or the fax being retrieved by someone other than the person for whom it was intended." ()
Client Initials

Signature of Client/Legal Guardian

Witness

Relationship to Client (i.e. 'self')

Date