

## CONSENT TO DISCLOSE PERSONAL HEALTH INFORMATION FOR AN INDIVIDUAL CORPORATION IN GBIN

### PART A: Patient Contact Information

\_\_\_\_\_  
Last Name First Name Initials

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number Date of Birth Hospital ID Number (FIN and/or MRN)

**Substitute decision-maker, your contact information if applicable:**

\_\_\_\_\_  
Last Name First Name Initials

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

*Note: Include copies of documents that provide your authority as a substitute decision-maker.*

### PART B: Disclosure of Personal Health Information

**Check the appropriate box:**

<input type="checkbox"/> <b>Medical Information - all; or</b> <input type="checkbox"/> visit/contact dates <input type="checkbox"/> notes/summary report <input type="checkbox"/> intervention/procedure reports <input type="checkbox"/> progress notes <input type="checkbox"/> diagnostic: lab results <input type="checkbox"/> diagnostic: xray, MRI, Ctscan <input type="checkbox"/> other, please describe/list  <p>_____</p>	<input type="checkbox"/> <b>Psychiatric Information - all; or</b> <input type="checkbox"/> visit/contact dates <input type="checkbox"/> notes/summary <input type="checkbox"/> diagnostic: lab results, xray <input type="checkbox"/> initial/preliminary assessment <input type="checkbox"/> behaviour plan <input type="checkbox"/> service progress information <input type="checkbox"/> other, please describe/list  <p>_____</p>
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***I understand that the personal health information is to be used only by the recipient for the purpose of:***

\_\_\_\_\_

### PART C: AUTHORIZED DISCLOSURE

a) GBHS/SBGHC/HDH - \_\_\_\_\_ site, is hereby authorized **to disclose**  
to \_\_\_\_\_.

b) GBHS/SBGHC/HDH - \_\_\_\_\_ site, is hereby authorized **to obtain**  
**from** \_\_\_\_\_.

*I hereby waive any and all claims against \_\_\_\_\_ in connection with the disclosure of this personal health information.*

<b>Signature Patient or Substitute Decision Maker:</b>	<b>DATE:</b>
<b>Signature Witness:</b>	<b>DATE:</b>
<b>Name of Witness:</b>	<b>DATE:</b>