



WOODSTOCK HOSPITAL

Woodstock, ON

MENTAL HEALTH

**OUTPATIENT MENTAL HEALTH
 CONSENT TO RELEASE AND DISCLOSE
 PERSONAL HEALTH INFORMATION**

PIN NUMBER

VISIT NUMBER

PATIENT LAST NAME

PATIENT 1ST NAME

PATIENT MIDDLE NAME

TELEPHONE

DOB MMM DD YYYY

AGE

SEX

ONT HEALTH CARD NUMBER

FAMILY PHYSICIAN

CONSENT TO ALLOW: (please place your initials beside the service providers who you agree may share your personal health information)

- ___ Woodstock Hospital
- ___ Canadian Mental Health Association – Thames Valley Addiction and Mental Health Services
- ___ Wellkin
- ___ Oxford County Community Health Centre
- ___ Family Doctor or Nurse Practitioner
- ___ Psychiatrist
- ___ Other(s): _____

CONSENT TO RELEASE AND DISCLOSURE PERSONAL HEALTH INFORMATION:

Client or Substitute Decision Maker (with legal signing authority) consenting to access or disclosure:

I, _____, authorize the service providers identified above to share
Print Client's name or Substitute Decision Maker name

personal health information for the purposes of providing the best possible health care services to:

_____ Print Client's Name _____ Client's date of birth (MMM, DD, YYYY)

Description of Information to be disclosed (if applicable, specify dates of visits, contacts, treatment, or other information required):

Signature of Patient or Substitute Decision Maker: _____

If Substitute Decision Maker, printed name and relationship: _____

Date: _____ (mmm,dd,yyyy) Signature of Witness: _____

PLEASE NOTE: This consent 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 It can be altered or withdrawn by the patient or substitute decision maker at any time by written notification. A substitute decision maker is a person authorized under PHIPA to consent, on behalf of an individual, to consent and disclose personal health information about the individual.