NORTH YORK GENERAL
Making a World of Difference

Release of Patient Information, North York General
4001 Leslie Street, 1W-Rm. 118
Toronto, ON, M2K 1E1
Tel: 416-756-6209 Fax: 416-756-6705
www.nygh.on.ca

CONSENT FOR RELEASE OF PERSONAL HEALTH INFORMATION

PATIENT INFORMATION					
Last Name		First Name			Init
No.	Street Name				Apt No.
City		Province/State			
Country			Postal Code/ZIP		
Contact #: Area	Number	Ext.	**OHIP Number:**		
Alternate #: Area	Number	Ext.	**Date of Birth:** DD	MMM	YYYY

REASON FOR REQUEST AND RELEASE INFORMATION
☐ Self ☐ Health Care Provider ☐ Lawyer ☐ Insurance ☐ WSIB ☐ Other:
The undersigned hereby requests North York General to release my personal health information to:
Name of Health Care Provider / Third Party

No.	Street Name	Apt No.
City	Province/State	
Country	Postal Code/ZIP	
Contact #: Area Number Ext.	**Fax #:** Area Number	

PERSONAL HEALTH INFORMATION AUTHORIZED FOR RELEASE	
Document(s) Required	**Date of Visit(s)**

Patient/Substitute Decision Maker/Executor (Print)	Signature	Date
Witness (Print)	Signature	Date

If the person signing is not the patient, please provide NYGH with documentation of your authority to obtain this information.

FOR HOSPITAL USE ONLY	
Hospital Fee:	**Medical Record #:**

Processing of this request is subject to administration fees. This consent for release of patient information may be withdrawn by the patient, substitute decision maker or executor in writing at any time.

Please Forward to:
Release of Patient Information, North York General, 4001 Leslie Street, 1W-Rm.118, Toronto, Ontario, M2K 1E1
Phone: (416) 756 - 6209, Fax (416) 756-6705