Saskatchewan Health Authority

HEALTH RECORD SERVICES – SASKATOON

CONSENT FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION

I request and authorize that Saskatoon Health Region disclose copies of records containing personal health information from the following site(s):

❑ Royal University Hospital ❑ Saskatoon City Hospital ❑ St. Paul's Hospital

❑ Alvin Buckwold Child Development Program _____

Patient/Client/Resident name (please print): _____

Address: _____

City: _____ Postal Code: _____ Telephone #: _____

Date of birth (dd/mm/yyyy): _____ Health Services Number: _____

Please disclose this information to:

Name _____

Organization/Company (if applicable) _____

Address _____

City _____ Postal Code _____

Telephone #: _____

Information to be disclosed:

❑ Any and all information

❑ Specific information – please specify (including dates) _____

_____

_____

Saskatoon Health Region, affiliates, and employees are relieved of any responsibility of liability resulting from reproduction or further use of the disclosed information.

Fees will be charged in accordance with Health Information Services policy.

Name* (please print): _____

Signature: _____

Date: _____

*If signing on behalf of patient/client/resident, please provide legal authorization to act on his/her behalf (e.g. guardian, executor). Documentation may be required.

Submit requests by mail or fax to:

❑ ROI, Health Record Services
c/o Saskatoon City Hospital
Saskatchewan Health Authority
701 Queen Street
Saskatoon, SK S7K 0M7
Fax: (306) 655-8727

❑ ROI, Health Record Services
c/o Royal University Hospital
Saskatchewan Health Authority
103 Hospital Drive
Saskatoon, SK S7N 0W8
Fax: (306) 655-1930

❑ ROI, Health Record Services
c/o St. Paul's Hospital
Saskatchewan Health Authority
1702-20th Street West
Saskatoon, SK S7M 0Z9
Fax: (306) 655-5716