College of Physicians & Surgeons of Alberta

Authorization for Release of Information

I understand my signature on this release will allow the College of Physicians & Surgeons of Alberta to do the following in order to investigate certain matters under the *Health Professions Act*:

1. Obtain medical records or other information, as specified in the attached letter, relevant to my complaint issue(s) (medical records include person identifiable information, diagnostic, treatment and care documentation).
2. Provide a copy of my complaint to the physician(s) named and all other persons providing information.
3. Disclose, where applicable, information concerning my complaint including person identifiable information, diagnostic, treatment and care information to the person making the complaint on my behalf.
4. Use this original form for faxing/photocopying to collect information from physicians and facilities and the copy of this form shall be as valid as the original.

This will authorize the release of records, including medical information or otherwise, concerning:

Print Patient's Full Name _____ Date of Birth (dd/mmm/yyyy) _____

I understand why I have been asked to consent to the disclosure of this information and am aware of the risks or benefits of consenting, or refusing to consent, to disclose this information. I also understand that this consent is valid for a two-year period past the date signed and that I may revoke this consent in writing at any time.

Signature of Patient or Legal Representative* _____ Date Signed (dd/mmm/yyyy) _____

Print Witness's Full Name _____
(person who witnessed signature of patient or legal representative)

Signature of Witness _____ Date Signed by Witness (dd/mmm/yyyy) _____

**If you are the legal representative of the patient, please provide proof of guardianship, or if the patient is deceased, a copy of the will naming you as Executor/Executrix.*

Print Form

Print, sign and mail this form along with the Complaint Reporting Form to the College. Print or save a copy for your records.

File Number: _____
(College Use Only)