

County of Simcoe Paramedic Services 1110 Highway 26, Midhurst, Ontario L9X 1N6 Main Line (705) 726-9300 Toll Free (866) 893-9300 Fax (705) 726-6601 simcoe.ca



Authorization to Disclose Personal Information

I, h (please print patient/guardian/next of kin's name)	ereby authorize the Co	unty of Simcoe Paramedic Services to disclose
the following personal information concerning	na the followina incident	: :
and renewing personal milenians conserved	gggg	
Patient Name	Incident Date	Incident Location
To the following individual or organizati	on:	
		or legal guardian if the patient is under 16 years is deceased or has been certified mentally
Documentation must be provided with this fo	orm indicating guardians	ship or legal representation.
Name (please print)		Witness Name (please print)
Signature		Witness Signature
Relationship if signed by other than Patient (e guardian, power of attorney, estate trustee, et (please print)		Date
Please send this completed and signed docu	ument to:	
Mail Professional Practice Unit Performance, Quality and Development 1110 Highway 26	Email CSPS.P Fax	SU@SIMCOE.CA
Midhurst, ON L9X 1N6	705-722	-6601

PLEASE BE ADVISED THAT THERE IS **A CHARGE OF \$30.00** FOR THE RETRIEVAL AND ADMINISTRATION OF MEDICAL RECORDS. AN INVOICE WILL BE FORTHCOMING FROM THE COUNTY OF SIMCOE FINANCE DEPARTMENT.

This request for information is made pursuant to the *Personal Health Information Protection Act*, the *Municipal Freedom of Information and Protection of Privacy Act*, and the *Freedom of Information and Protection of Privacy Act* where disclosure is made to an officer, employee, consultant or agent of the institution who needs the record in the performance of their duties and where disclosure is necessary and proper in the discharge of the institution's functions.

Questions regarding County of Simcoe Paramedic Service Information Practices can be addressed to: CSPS.PSU@SIMCOE.CA