

DR JEFF DONOVAN
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CONSENT FOR RELEASE OF MEDICAL INFORMATION TO ANOTHER INDIVIDUAL

Dear Patient,

We have received a request to send one or more components of your medical record to an individual who is not listed as your primary physician. ***I will need your permission to release any of your results.***

You may or may not be aware but you own your medical records, and **ONLY YOU** can control who gets to see that information. Physicians are merely the caretakers of your chart

I take issues related to privacy of personal health information very, very seriously – and thank you for your cooperation in this matter.

Yours truly,

A handwritten signature in blue ink that reads "Jeff Donovan". The signature is written in a cursive style with a large initial "J".

Jeff Donovan MD
Dermatologist

REQUEST TO FORWARD MY MEDICAL RECORDS FROM DR. DONOVAN'S OFFICE TO ANOTHER INDIVIDUAL

PATIENTS ARE REQUIRED TO PRINT OUT THIS FORM IN FULL. PLEASE DO NOT LEAVE ANY SPACE BLANK.

Dear Doctor Donovan

My name is _____ and my date of birth is

_____. I would like you or your assistants to retrieve my chart and find the following results/tests in my file that I have listed here:

I hereby consent for you to release these results that I have written above to the following individual:

FULL NAME OF PERSON: _____

EMAIL ADDRESS: _____

ADDRESS: _____

I understand the purpose for which this consent is given and the individual I have listed will now come to know one or more parts of my personal medical file. I understand that I can withdraw or limit my consent at any time by providing written notice to your office. I understand that I can refuse to sign this consent form. However, I understand that my medical information may not be forwarded to the above individual in such a case. Thank you for sending my results.

X _____

SIGNATURE OF PATIENT

FULL NAME OF PATIENT

TODAY'S DATE