

CONSENT FOR RELEASE OF MEDICAL INFORMATION

Dear Patient,

I look forward to meeting you at your upcoming appointment. I sincerely appreciate your time in forwarding me your previous test results before your appointment. I would like to point out that you are required to ask your own physician(s) and health care professionals to forward copies of results to me. ***You may or may not be aware, but this is not something my office can legally do, and I would like to explain why.***

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. Our office is not able to ask any clinic whatsoever for your personal and private information **without** your written consent. My team can not phone your doctor's office and ask for results to be sent over to us. In order for us to do that, we will need your **signed consent**. We will need written documentation on file that we have the authority to act on your behalf in obtaining your medical records. **We take these issues very seriously and there are no exceptions.**

We are of course very happy to help you! There are a couple of options to get your test results over to me.

- 1. You can call your doctor's office and ask them to fax results to my office at 604 648.9003**
- 2. You can complete this attached consent form and we'll fax a request form to your doctor's office. Please be sure to complete every blank space on the form. Be sure to complete areas 1, 2, 3 and 4 on the form. Do not leave any empty and do not forget to sign the form. We can not fax your form unless it is complete.**

1	Indicate your doctor's name, phone number and fax number. Remember that this is the doctor who has your results. If you are not sure of their fax number, please call their office to obtain the fax number
2	Provide your full name and date of birth. Your doctor's office will need this information to properly retrieve your results.
3	Indicate what information you need faxed. Is it just blood tests results? Is it just biopsy results? Is it both biopsy and blood test results? Is it consult notes from specialists?
4	SIGN and DATE the form.

- 3. You can get copies of your results yourself (online or through other means) and send them to our office my email or fax.**

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

Yours truly,



Jeff Donovan MD
Dermatologist

REQUEST FOR RELEASE OF MY MEDICAL RECORDS

1

Doctor's Name (who has your test results) _____

Doctor's Fax : _____ Doctor's Phone : _____

PATIENTS ARE REQUIRED TO PRINT OUT THIS FORM IN FULL. PLEASE COMPLETE THE ABOVE INFORMATION IN FULL WITH CORRECT SPELLING OF THE DOCTOR'S NAME WHO HAS TEST RESULTS, and FULL INFORMATION ON HIS OR HER PHONE NUMBER & FAX NUMBER. PLEASE DO NOT LEAVE ANY SPACE BLANK.

Dear Doctor,

2

My name is _____ and my date of birth is _____

_____. I am a patient of yours. I have an appointment coming up with Vancouver dermatologist Dr. Jeff Donovan. Dr. Donovan's office has requested that I submit results of previous blood tests, biopsies and any other helpful information ahead of my appointment so that it may be carefully reviewed by Dr. Donovan before my appointment.

I hereby consent to release of my medical records/reports to Dr. Donovan and his office staff.

3

****** Please FAX the following to Dr. Donovan at FAX NUMBER 604.648.9003:**

- MY BLOOD TESTS dating from _____ to _____
- MY BIOPSY RESULTS THE FOLLOWING TEST RESULTS _____

I understand the purpose for which this consent is given. 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 Dr. Donovan's office in such a case. Thank you for forwarding results.

4

X _____

SIGNATURE OF PATIENT

FULL NAME OF PATIENT

TODAY'S DATE