

Title

Service

Authorization to Release Confidential Information

Patient and Family Support

Chart number

(provided by HGH)

Patient name

Previous name if different

Date of birth

Applicant's name if different from patient

Applicant's address

Phone number

Email address

Date of birth of applicant

Relationship with patient

Return with photo identification to family.support@hgh.ca

Acceptable forms of identification are driver's license, passport, Ontario health card, RAMQ card.

Please specify the information requested:

Patient or Applicant's
Signature _____

DATE _____

Witness Signature _____

DATE _____